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ELDER ABUSE: A DECADE OF SHAME AND INACTION

A REPORT

BY THE

CHAIRMAN

OF THE

SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE

OF THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES

ONE HUNDRED FIRST CONGRESS

SECOND SESSION

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This 83-year-old, 74 pound Illinois woman was found brutally beaten by her caretaker. Her daughters found her badly bruised and bleeding after his attempted rape. She was hospitalized and later recovered and is now in the hands of a new caregiver.

FOREWORD

A letter received by the Committee in 1978 described how an 80-year-old woman in the District of Columbia, a paraplegic, was the object of sexual abuse by her son-in-law. The reporter who brought the case to the Committee's attention indicated that the abuse which had been ongoing for over 6 years was not likely to be reported by the elderly victim out of fear for her life. The son-in-law would threaten her with a hammer every time she would refuse his advances. The Committee contacted local adult protective service workers and corrective action was taken.

This case was one in a growing number of abusive situations which had come to the Committee's attention that prompted the late Committee Chairman Claude Pepper in 1978 to undertake the first Congressional examination of elder abuse in the United States. A 1981 report, entitled "Elder Abuse: An Examination of a Hidden Problem," validated the Committee's earlier tragic findings that over 1,000,000 older Americans are physically, financially and emotionally abused by their relatives or loved ones annually. This early report also found that elder abuse was a hidden problem. Out of fear or dependence on their abusers, only one of every six elder abuse victims was likely to come to the attention of appropriate authorities. It was recommended that States enact statutes, analogous to State child abuse statutes, designating an agency to identify and assist elder abuse victims. In addition, Congress was urged to enact legislation which would provide financial assistance to those States with elder abuse statutes in place.

A decade has passed since the Committee first shed light on the national problem of elder abuse, yet action to effectively address the problem remains elusive. Interestingly, stimulated by Congressional concern, the majority of the States enacted elder abuse protection statutes between 1978 and 1985. While the Congress recognized the growing crisis and passed legislation in 1988 to provide assistance to the States to curb identified abuse, funds were never appropriated to carry out the intent of the Congress. Thus, absent Congressional action to provide financial assistance, the majority of the States – hard-pressed by current budgetary constraints – have failed to finance efforts to address this horrifying disgrace. Sadly, at a time when the incidence of elder abuse is on the rise, the Congress and the States are doing less.

A decade has passed since the Committee held its first hearing on elder abuse and elevated it as an issue on the national domestic agenda. To determine the status of elder abuse in the United States and the national, state, and local commitment to prevent it, the Subcommittee on Health and Long-Term Care undertook an exhaustive survey of the States. This report concludes that elder

abuse is increasing, that it is not an isolated problem, and that the States and the Congress should act immediately to assist the States in preventing, identifying and assisting our Nation's elder abuse victims.

The Subcommittee's report was prepared and written by Kathleen Gardner Cravedi, Staff Director of the Subcommittee, with the assistance of Melanie Modlin, Assistant Staff Director, and Peter Reinecke, Research Director for the Subcommittee. Information supplied the Subcommittee by the States was gathered and analyzed by Peter Reinecke and case histories were reviewed and summarized by Melanie Modlin.

I commend this report to all those concerned with preventing the abuse of older Americans. I hope this helps to lead to needed reform.

EDWARD R. ROYBAL,
Chairman.

Elderly Ohio woman found bedbound with massive fecal impaction, scabies, and dehydrated. She was a victim of extreme neglect.

EXECUTIVE SUMMARY

ELDER ABUSE: A DECADE OF SHAME AND INACTION

It was in 1978, over a decade ago, that the House Select Committee on Aging, then chaired by the late Claude Pepper (D-Fla.), heard testimony regarding abuse of older Americans by family members or others entrusted with their care. At that time, such abuse was commonly referred to as "grannyslamming," "grannybashing," or "elderly abuse." Following these hearings, which were convened in Boston, Massachusetts, the Chairman called upon the Committee to conduct the first national investigation documenting the incidence and nature of a still largely hidden and shameful phenomenon affecting hundreds of thousands of our Nation's most helpless and vulnerable citizens—a phenomenon for which the Chairman came to coin the term "elder abuse." In a landmark report issued in 1981 entitled "Elder Abuse: An Examination of a Hidden Problem," the Aging Committee found that elder abuse is simply "alien to the American ideal." Because elder abuse is such a difficult concept to come to grips with, even abused elderly are reluctant to admit their children or loved ones have assaulted them. For this reason, the abuse of our elderly at the hands of their family until recent times has remained largely a hidden problem.

The 1981 report was an effort to provide definition to the nature and incidence of "elder abuse." How frequently does such abuse occur? How many cases are reported annually? How many go unreported? Who is the likely victim? Who is the likely perpetrator? Are abuse cases isolated in nature or do they occur nationwide? Is such abuse increasing or decreasing? What triggers such abuse? What kinds of elder abuse are we talking about? What can the Federal Government and the States do to identify, treat, and prevent the incidence of elder abuse?

What the Committee found was that elder abuse was far from an isolated and localized problem involving a few frail elderly and their pathological offspring. The problem was a full-scale national one which existed with a frequency few have dared to imagine possible. In fact, abuse of the elderly by their loved ones and caretakers existed with a frequency and rate only slightly less than child abuse. And, as later Committee studies would confirm, there was no question that the problem was increasing dramatically from year to year.

The Committee also found that elder abuse was far less likely to be reported than the abuse of children. While 1 out of 3 child abuse cases was reported in 1980, only 1 out of 6 cases of adult abuse came to the attention of authorities. Lastly, the Committee concluded that some 4 percent of the Nation's elderly might be the vic-

tims of some sort of abuse, from moderate to severe. In other words, 1 out of every 25 older Americans, or roughly 1 million elderly, were found to be victimized annually.

The findings of this 1981 report led to the Committee's recommendation that the Congress should assist the States in designating agencies at the State level to receive complaints of elder abuse and to identify and treat the victims of this type of crime. In reviewing the history of domestic violence in America, the Committee found that such legislation paid handsome dividends in the area of child abuse prevention and treatment. It seemed obvious that the Federal Government could play a similar role in the analogous area of elder abuse.

Therefore, in order to help the States and stimulate them to improve their own statutes and the protections they offer the infirm and dependent elderly, the Committee recommended the passage of legislation identical to the Child Abuse Prevention and Treatment Act of 1974 as an important step in controlling unwarranted violence against the aged. Subsequently, legislation was introduced in the Ninety-Seventh Congress (H.R. 7551) and every Congress since has sought to carry forth this recommendation. Encouraged by the possibility of financial assistance, the States began modifying their elder abuse-related laws and procedures to gain compliance with the anticipated new law's mandate, which included mandatory reporting provisions. Today, 42 States and the District of Columbia have adopted mandatory reporting provisions as part of their adult protective service statutes. Between 1980 and 1990 alone, 26 States and the District of Columbia enacted mandatory reporting provisions. Prior to 1980, only 16 States had adult protective service laws with such provisions.

In spite of impressive regulatory reform at the State level, the Subcommittee on Health and Long-Term Care, which inherited this issue when Claude Pepper abdicated the Chair of the Aging Committee, but remained Subcommittee Chairman, was disturbed by persistent Congressional delay in the enactment of legislation to assist the States identify, treat and prevent the increasing incidence of elder abuse. In fact, while the Congress approved legislation amending the Older Americans Act in 1987 to funnel funds through the State Agencies on Aging to begin identifying and preventing abuse of older Americans, the funds have yet to be appropriated.

In 1989, nearly a decade after the Congress first convened hearings on the issue of elder abuse, the Subcommittee, now at the direction of its new Chairman, Edward R. Roybal, initiated this inquiry to update what is known about the problem, its prevalence and the adequacy of Federal and State efforts to respond to it.

In order to determine the Nation's effectiveness in coming to grips with this national tragedy, the Subcommittee undertook the following steps:

- Collected, reviewed and tabulated letters and case histories received by the Subcommittee and the Committee over the last 12 years, as well as letters received in response to national news stories documenting the Committee's work in this area.

- Prepared and sent a questionnaire to all State Human Services Departments at the Chairman's request. The responses to these questions were tabulated and appear in Section III of this report. The questionnaire can be found in Appendix I.
- Prepared and disseminated a questionnaire to approximately 100 adult protective service workers in attendance at a national conference on social work in San Francisco in the fall of 1989. The responses to these questions were tabulated and appear later in this report. The questionnaire can be found in Appendix II.
- Reviewed all hearings and reports by Congressional Committees and administrative agencies on abuse of the elderly.
- Conducted follow-up telephone interviews with over one half of the State Human Services Departments. A Directory of Offices Responsible for Adult Protective Services appears in Appendix III.
- Reviewed all books, periodicals, and newspaper references relating to elder abuse and family violence in the possession of the Library of Congress.
- Reviewed and summarized case histories of abuse forwarded to the Subcommittee by the States and concerned citizens. These summaries can be found in Section I of this report.
- Communicated with numerous organizations and service providers representing the elderly to ascertain their views on the problems of elder abuse.

The Subcommittee was able to reach a number of conclusions. They are as follows:

- **The Subcommittee found that abuse of the elderly is increasing nationally. About 5 percent of the Nation's elderly may be victims of abuse from moderate to severe. To put this another way, about 1 out of every 20 older Americans, or more than 1.5 million persons, may be victims of such abuse each year. This represents an increase of 1 percent of the elderly population, or 500,000 abuse cases annually since 1980.**
- **The Subcommittee learned that elderly abuse is far less likely to be reported than child abuse. While 1 out of 3 child abuse cases is reported, only 1 out of every 8 cases of elder abuse is reported. This represents a significant increase from the Subcommittee's 1980 estimate of 1 in 5 cases.**
- **The Subcommittee found that the majority of States—four-fifths or 43 States (including the District of Columbia)—have enacted State statutes or adult protective service laws to provide for mandatory reporting of elder abuse. This represents a substantial increase over 1980, when only 16 States had such statutes in place, and in 1984 when 38 States (including the District of Columbia) had enacted such provisions. The Subcommittee found that State implementation and enforcement of these laws is predicated on the passage of legislation providing financial incentives to the States analogous to child abuse funding. As such legislation has not yet been approved, most States are hard-**

pressed to carry out these mandates. While it is a shame that the States were only able to spend about $45.03 per child resident for protective services in 1989, it is a crime that they spent only $3.80 for each elderly resident in 1989. While the average amount per elderly resident for protective services has increased from $1.52 to $3.80 over the last 10 years, much of that has been eaten away by 62 percent increase in prices due to inflation over the same period.

- **The Subcommittee found that absent the passage of legislation providing assistance to the States in this area, the States are severely hampered in channeling monies into this newly designated social services area—elder abuse protective services—on their own authority. In fact, some States such as Louisiana have simply stopped providing elder abuse protective services. Since 1980, the primary source of Federal funding for State protective services, the Social Services Block Grant, has been cut nearly one-third by direct cuts and inflation. Faced with the clear need to do more, the Federal Government is doing considerably less.**

Section I of this report makes for unpleasant reading. It presents summaries of examples of abuse from every part of the United States. In response to the aforementioned survey of the States and Adult Protective Service workers, the Subcommittee received thousands of accounts of abuse ranging from systematic theft of a Social Security check to violent physical abuse, including rape and murder. Also summarized are case histories brought to the Subcommittee's attention over the last 10 years by concerned individuals and abused elders themselves. Lastly, local newspaper accounts culled by the Subcommittee over the decade provided the Subcommittee with hundreds of examples of elder abuse which typify situations they encounter on a daily basis.

Physical violence, including negligence, and financial abuse appear to remain the most common forms of abuse, followed by abrogation of basic constitutional rights and psychological abuse. Most instances of elder abuse are recurring events rather than a single incident. All of the abuse cases have a number of elements in common. for example, it is possible to draw a profile of the most likely victims of elder abuse and those most likely to perpetrate it.

The victims of elder abuse are likely to be old, age 75 or older. Women are more likely to be abused than men. This is in part due to their life expectancy. Women live longer, on the average, than men. The victims are generally in a position of dependency, that is, they are relying on others, be it their family or an unrelated caregiver for care and protection.

A profile of the elder abuser also emerges. **The likely abuser will usually be experiencing great stress.** Alcoholism, drug addiction, marital problems and long-term financial difficulties all play a role in bringing a person to abuse his or her parents. **The son of the victim is the most likely abuser,** followed by the daughter of the victim. It is interesting to note that the abuser, in many cases, was abused by the parents as a child.

The Subcommittee also found that **the abused elder is less likely to report the incident of abuse than abused persons in other age**

groups. It is apparent that they are often ashamed to admit their children or loved ones abuse them or they may fear reprisals if they complain. Interestingly, since the release of the Committee's 1981 report on elder abuse, the percentage of cases of elder abuse that go unreported has increased. Prior to 1981, only about 1 in 6 cases of elder abuse was reported. **Today, about 1 in 8 cases comes to the attention of protective services.**

Section II of this report recalls the theories for the cause of elder abuse as documented in the earlier Committee report. In sum, there is no single explanation for why elders are abused. Rather, any one or a combination of factors detailed in this section may explain why elders are abused. The abuser may lack community resources to assist him or her in their caregiving role; if mistreated as a child, the abuser may view abuse of the parents as a means of retaliation or revenge; sometimes, after parent and child have been separated emotionally or geographically for lengthy periods, the elderly parent's return is viewed as an intrusion; for certain families, violence is the normative response to stress and is a tradition carried from generation to generation; many middle-aged family members, finally ready to enjoy time to themselves, are resentful of a frail, dependent elderly parent; increased life expectancy is another factor leading to increased incidence of elder abuse—the dependency period of old age has been extended; and there are certain environmental conditions which can precipitate stress, which may then lead to abusive or neglectful behavior—quality of housing, unemployment, alcohol and drug abuse, and crowded living conditions can by themselves or in combination with other factors encourage mistreatment of a dependent elderly person.

Section III of this describes data received from the States and Adult Protective Service workers and supports the following conclusions:

- **43 States (including the District of Columbia) have what they consider to be adult protective service laws which require mandatory reporting, but these vary widely in scope. (There is, however, little consistency among these States as to who is required to report and what penalties will apply when there is a failure to do so.)**
- **The percentage of States' total protective services budgets allocated to elderly protective services has remained disproportionately low. While the incidence of elder abuse is increasing annually, the percent of State budgets for adult protective services have declined from 6.6 percent in 1980, to only 4.7 percent in 1985, and to less than 4.0 in 1989.**
- **On average, each State in 1989 spent about $3.80 per elderly resident for protective services. The picture is a bit brighter for child abuse victims, for whom the States, on the average, spend about $45. Nearly one fourth (10 of 42) of States reporting spent less than a dollar per elderly resident for these services in 1989.**
- **Some 70 percent of all adult abuse cases reported annually involve elderly victims. This represents a 10 percent increase over 1980, when only about 60 percent of adult abuse cases involved the elderly. The States indicated, however,**

that only 1 in about 8 cases of elderly abuse is ever reported. This is down from 1 in 5 in 1985.

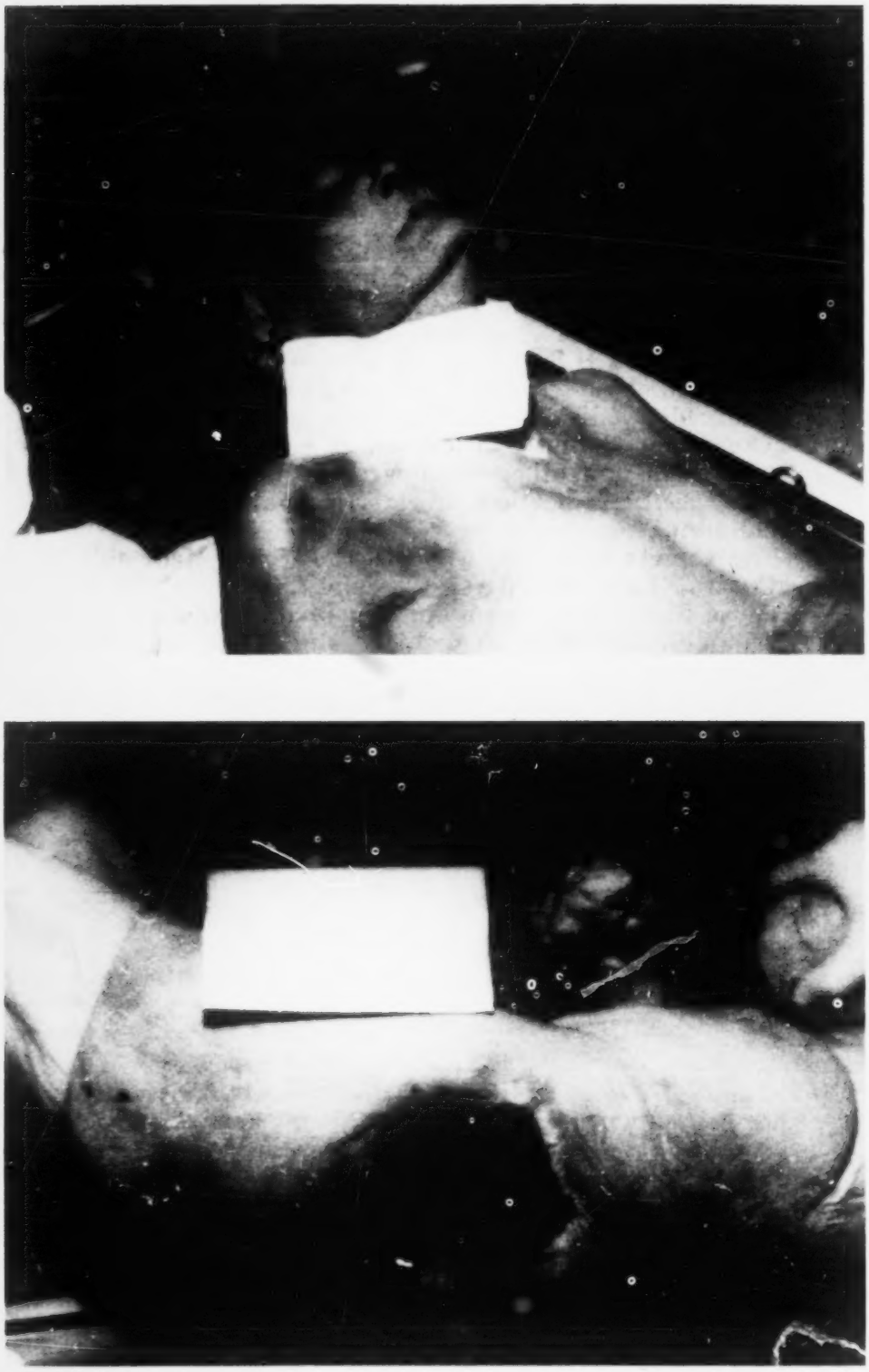
- According to the States, about 5 percent of the Nation's elderly may be the victims of some form of abuse, physical, financial, or emotional, each year. To put this another way, about 1,500,000 older Americans are abused by family, loved ones and caregivers each year. This represents an increase of over 500,000 elder abuse cases annually since 1980.
- The vast majority of the States, 90 percent, told the Subcommittee that the incidence of elder abuse was increasing. Six States told the Subcommittee that the incidence of elder abuse is not only increasing, but is increasing at a rapid rate.
- The majority of elder abusers are relatives of the victims, often a son or daughter with whom the elderly individual resides. The States indicated that, on average, only 25 percent of abusers are caretakers unrelated to the elderly victims. Thus, nationally, up to 3 of 4 elder abusers are family members.
- The overwhelming majority of States, over 95 percent, reported widespread support for grants to the States for the prevention and treatment of elder abuse in the same manner in which the States are assisted to curb child abuse. Also, the States voiced nearly unanimous approval for the establishment of long-term health care programs, emergency shelters for abused adults, and a national clearinghouse and toll-free hotline for the disbursement nationally of information and abuse reports.
- The overwhelming majority, over 90 percent, of adult protective service workers surveyed reported support for the establishment of a Federal program of assistance to the States to address elder abuse in the same manner that they respond to child abuse.

Section IV discusses Congressional and Federal action with respect to elder abuse over the last decade in the United States, and Section V includes a number of policy options for the consideration of the Congress and the States:

- There needs to be a coordinated national effort to confront the issue of elder abuse and the Federal Government should assist the States in their efforts to deal with this pervasive problem. The Congress should consider passage of H.R. 220, legislation analogous to the Child Abuse Prevention, Identification and Treatment Act of 1974 which would provide Federal funds to States which had mandatory reporting laws and provided for immunity from prosecution for persons reporting incidences of abuse, neglect and exploitation. In addition, it should provide for the establishment of a National Clearinghouse on Elder Abuse and a toll-free hotline for collection reports of abuse and disseminating information to interested parties.
- Since 1981, the primary source of Federal funding for protective services, the Social Services Block Grant, has been

cut in real terms nearly one-third by direct cuts and inflation. Also, important amendments to the Older Americans Act Amendments of 1987 providing for a program of elder abuse identification and prevention as well as increased authorities for Ombudsmen in this area were authorized but never fully appropriated. Congress should consider appropriating the fully authorized levels of these important programs.

- Experts agree that the provision of assistance to those who care in the home for dependent and chronically ill family members is essential in preventing or reducing the incidence of abusive situations. Congress should adopt legislation, such as H.R. 2263, "The Long-Term Home Care Act," to provide long-term care services in the home to chronically ill elderly, disabled and children.
- The States should consider enacting mandatory reporting legislation and otherwise upgrading their statutes to provide specific protections to elderly equal to those provide to children.
- The Congress should authorize the State Medicaid Fraud Control Units to investigate and prosecute all resident abuse and neglect complaints involving violations of State criminal laws for residents of nursing homes and board and care homes.
- The Legal Services Corporation should provide legal assistance to abused elders.



An elderly woman in Arizona was found dead following years of neglect at the hands of her caregivers. Notice extensive decubitus ulcers indicative of improper care and neglect.

SECTION I

HOW ARE ELDERS ABUSED?

Case Histories

Since April of 1981, following the release of a landmark report on elder abuse by the Select Committee on Aging ("Elder Abuse: An Examination of a Hidden Problem," A Report by the Select Committee on Aging, U.S. House of Representatives, 97th Congress, First Session, April 3, 1981, Comm. Pub. No. 97-277), a steady stream of mail has been received by the Subcommittee from concerned individuals seeking further information regarding this matter of growing social importance. In all too many instances, these requests for assistance would include a plea for direct intervention or direction in resolving an ongoing abusive situation.

The Subcommittee also received numerous case examples from State officials responding to its 1989 elder abuse questionnaire. That document, which yielded the statistical information in Section III, "Survey of the State Human Services Departments and Adult Protective Service Workers," invited respondents to send summaries of pertinent cases. Of course, names were changed or omitted to protect the identities of the parties involved.

In addition, the Subcommittee issued an invitation to participants at the annual meeting of the National Association of Social Workers (San Francisco, October 1989), to submit summaries of elder abuse cases with which they were familiar. Dozens of NASW questionnaires from around the Nation were returned to the Subcommittee, not only with cases but with respondents' views on the incidence of elder abuse, and their preferences for policy reform. (An analysis of these survey results appears in Section III of this report.)

What follows, from this variety of sources, are examples of abuse likely to be encountered by older Americans in domestic situations. The examples are meant to be illustrative, not exhaustive. These disturbing examples of the abuse of the elderly by their loved ones and caregivers, and sometimes by themselves, are recent, and virtually all of the States are represented.

Physical Abuse and Neglect

Physical abuse is violent conduct which results in bodily harm or mental distress. It can include assault—putting the elderly in fear of violence—at one end of the spectrum, all the way to murder and mayhem at the other end.

One example of physical abuse occurred in Tennessee. An 82-year-old woman suffered a brutal beating at the hands of her 40-year-old daughter and had to be hospitalized for 8 weeks. She had

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been kicked and had her hair pulled out and puncture wounds had been inflicted by sharp objects all over her body. The daughter, who was reportedly unable to work because of back problems, was totally dependent upon her mother for financial support. The mother was found to be passive, withdrawn, pale and weak and so intimidated by the daughter that she was unable to consider taking any action to move or seek retribution.

Passive abuse is known as neglect, and behaviors in this category include the withholding of medication, medical treatment, food and personal care necessary for the well-being of the elderly person.

A neglect case in Delaware shocked adult protective service workers there.

An elderly woman was brought to the hospital by paramedics, confused and minimally responsive. She was severely dehydrated and her hair was completely matted. She had maggots all over her left leg, which had been wrapped in cloth, and bloody drainage coming out of her knees. She weighed about 60 pounds. All uncovered parts of the woman's body revealed deep purple bruises. She also had a left blacked eye and a deep gash over her right eyebrow. The woman, upon questioning by police, said she lived with her daughter and children. She wouldn't confirm that her daughter had beaten her or denied her care because, "I don't want to get anyone in trouble."

Authorities making a home visit disputed the daughter's claim that her mother's injuries were attributable to falls she suffered in the house—every area except the kitchen had wall-to-wall carpeting. The daughter said her mother always refused assistance with her personal care so she never knew about the cuts, scratches, bruises and maggots. Also, her mother always wore long-sleeved blouses, trousers and a scarf on her head, she said.

The daughter commented that her mother had always had a hearty appetite until about 2 days before she entered the hospital, when she had stopped eating.

Social workers noted that the home was clean and neat, and very tastefully decorated; however, the bed where the elderly woman slept had no linens when paramedics picked her up to take her to the hospital. The social worker who made a subsequent home visit expressed astonishment that the abused and neglected elderly woman could have come from this nice home. Two weeks after being dispatched to the hospital by the paramedics, the woman died. Her daughter could not be located by authorities.

Additional examples of physical abuse and neglect follow:

- California officials reported the case of a 77-year-old woman living with her son, a heroin abuser. The woman said her son had hit her on the head with beer bottles and pushed her to the floor. He had also threatened to kill her. Although the son disappeared the day before a State social worker's home visit, he was located later and arrested by the police. There had been a prior police report filed on him for assault and battery.

- The elder abuse hotline in Massachusetts was notified that a 71-year-old man had received a 6-inch laceration to his forehead when his son struck him with a frying pan.
- From Texas came the report of a client, age 69, who was found by a neighbor one night, lying on the ground naked with ants crawling on her. The woman was paralyzed on one side from a stroke and had heart problems.
  On another occasion a home health worker found the woman on the floor nude, covered with urine and feces. Her daughter refused to let the aide clean her mother or cover her up. The daughter was drunk and said she didn't care if her mother lived or died.
  When a social worker visited the home, he found the client tied to her wheelchair with an electrical cord. The woman was admitted to the intensive care unit malnourished and covered with insect bites and sores.
  Upon her release from the hospital, the woman insisted on returning home. She died from continued extreme neglect a month later, while her daughter and friends drank in the next room.
- In California, an elderly woman is now wheelchair-bound as a result of surgery for a fractured hip and shoulder. She has been living with her son, who is her primary caretaker and who has a history of physically abusing her. He was only recently released from jail pending trial for assaulting a neighbor with a loaded gun. The victim had mortgaged her home at his suggestion in order to post his bail.
- Nevada authorities report that an 80-year-old woman there was hospitalized with a serious knee injury. Her grandson had knocked her to the ground and stolen her car despite her protests. Reportedly, the grandson had been physically abusive to her on several occasions and had stolen other cars.
- In New Jersey, a 70-year-old woman was beaten by her 32-year-old son, who did not contribute to the household expenses and whom she suspected of abusing alcohol and drugs. She said she was terrified of his unprovoked attacks and that he had broken her glasses and once attacked her in bed while she was sleeping. A social worker saw her badly bruised left breast, the result of the son punching her.
- In Alabama, a 73-year-old woman was being beaten, emotionally abused and denied food and water by her middle-aged, mentally ill son. She was discovered hiding in a dark, cold storage shed at the rear of her home. The State provided emergency shelter care to the mother and assisted the son in obtaining treatment for mental illness.
- In Massachusetts, an elderly couple's alcohol-addicted son went on a rampage, breaking windows, ripping lights from the ceiling, striking his father, spitting in his mother's face and threatening to kill both because they would not give him money.

- In Delaware, an elderly woman reported that her son had physically abused her. Social workers had trouble investigating these charges because the son, who appeared deranged, forbade them to enter the home, or would take his mother away at the times investigators planned to visit. After not having any telephone contact with the elderly woman for several days, a social worker was troubled. She learned that the woman had died under mysterious circumstances and her son had been accused of mutilation of a corpse. Officials arriving to remove the body said the house was the worst they'd ever seen—starving pets, layers of dust, rotting scraps of food in the kitchen. The son, suspected of murder, was sent to a State penitentiary and then transferred to a hospital for a full psychiatric evaluation.
- An alcoholic dentist in his 50s was beating up his alcoholic mother, in her 70s, in Texas. A social worker found her in bed, unable to move because of a neck injury, with bruises on her wrist. She admitted that her son did it but refused to press charges. The victim was confused, disoriented and incompetent.
- In Wisconsin, a 79-year-old woman was physically and psychologically abused by her husband of 42 years. Although her husband had always been a controlling man who had threatened and emotionally abused her throughout their relationship, the physical abuse did not begin until her debilitating stroke 6 years ago. Besides being knocked around by her spouse, she is also being denied assistance in such tasks as preparing herself for bed. To punish her, her husband ignores her pleas for help.
- A 75-year-old Indiana woman was beaten by her 52-year-old son, who lived with her. She suffered bruises and contusions. The son was a victim of self-neglect, who drank heavily and had psychotic tendencies but refused to go to the Veterans Administration hospital for tests.
- An 81-year-old woman from Tennessee, who functions at the mental level of an 8 year old, was supposed to be cared for by her brother and sister-in-law. However, the brother has been seen "slamming her down in a chair" and "throwing her around." The woman was described as filthy, apparently not having bathed in weeks and having feces under her fingernails.
- In Missouri, a 79-year-old woman had a paid unrelated live-in caregiver. One day the caregiver left her charge at home alone while she went to the hairdresser. During her absence, the older woman's son, an alcoholic, had abducted her and beaten her. The woman's body was severely bruised and she had suffered two fractured ribs and a punctured lung. For her health and safety, the woman was sent to a nursing home for 30 days following her discharge from the hospital. The victim wants a restraining order, as she says her son has repeatedly threatened to kill her and the caregiver.

- In Iowa, a 67-year-old woman with AIDS (from a blood transfusion) and diabetes suffered bruises to her face, shoulder, arm, hand and hip. Doctors noted that the bruises were not the sort of discolorations which can accompany AIDS but rather the result of trauma. The doctors disputed a home aide's explanation that the patient had fallen in her bed, theorizing instead that the aide turned her too vigorously in the bed, thus slamming her into the bed's side rails. The bruises on her face probably resulted from the aide forcing her to take medication.
- An 88-year-old Washington State woman had her prescribed medications withheld by her guardian. Cared for by a home health aide, the woman has reportedly had teeth extracted without any anesthetic and is continually having her tracheotomy and g-tube replaced by unqualified help. She was recently dropped during a move from room to room and now has a broken nose. No X-rays or pain medication were administered. She has been routinely left in her chair for 12 hours at a time and has very fragile skin which is vulnerable to decubiti.
- In California, an 80-year-old woman, recently hospitalized for hip surgery and deeply depressed over the recent death of her daughter, was found locked in her own home, malnourished, ill and isolated. Her caregivers were two grandsons who were alcohol and cocaine abusers. A State social worker, who was repeatedly barred from the home by the grandsons, finally called police, who kicked in the front door. The woman was inside with one grandson, who was immediately arrested on a drunk driving warrant. The house was filthy and littered with beer cans. The grandsons had kept their grandmother isolated from all outside contact, denying entry to visiting nurses and canceling Meals on Wheels. They had also cashed their grandmother's Social Security checks and had almost depleted her bank account.
- A home health aide in New Hampshire was startled to find her client, an elderly woman, in urine and feces-soiled clothing. The woman had suffered severe weight loss, too. The woman's husband, her caregiver, had failed to contact his wife's physician as he had promised the aide he would, although his wife was weak and malnourished and had to be hospitalized.

  Upon questioning, the husband became angry. He denied that his wife was neglected—he said he sometimes might seem to be ignoring her but that was only to encourage her to do things by herself. When officials asked him about his wife's difficulty breathing, which was another symptom, he said he treated that by applying Vicks ointment to her chest. In fact, she had serious respiratory problems.
- A 75-year-old California woman, under the care of her son, was brought to the hospital by a neighbor because of severe weight loss. The woman, paralyzed on her left side, was wearing filthy clothes, had not bathed for some time and was covered with insect bites. State social workers got involved

when the woman was released from the hospital, and contact with the woman and her son substantiated his alleged neglect of her. He would be away for weeks at a time, leaving her untended, but always appeared when his mother's monthly SSI check arrived. In addition, the son refused to allow anyone into the home to assist his mother.

- A North Dakota woman took her elderly husband out of the hospital against doctor's orders. His physician feels he should be a nursing home since he is very weak and mentally confused. The wife herself is mentally unbalanced and once came to the door of her home dressed in her underclothes although she thought that she was fully dressed. She has severe mood swings—she is compliant one minute and screaming the next. The wife will not allow a wheelchair in the household because it will harm the carpet. She frequently threatens her husband and sometimes forgets to feed him. The wife is unable to cooperate with caseworkers.
- In Texas an elderly woman lived with her son, who was armed, dangerous, often on drugs and threatening to shoot anyone who came to his home. The 94-year-old woman lived in an upstairs bedroom and the rest of her family had not been allowed to see her in a year. A caseworker discovered her nude from the waist down, dehydrated, and lying in her own feces, urine and blood. The stench from her bedsores, which ran to the bone and were covered with maggots, was overpowering. She screamed with pain when moved and could not be dressed. Her skin had broken down so badly that she had to be placed in a body bag to be transferred to a stretcher.

  When told that his mother's condition was serious enough to warrant placement in a nursing home, the son objected, asking, "Then who will pay the utility bills here?" The woman died 2 weeks later and the son was eventually convicted, under Section 2204 of the Texas Penal Code, of "willful neglect to an elderly individual causing physical harm."
- In California, an elderly woman was found immobile and unable to speak, confined to her bed, in the home she shared with her three daughters. She was reportedly left alone for 6 or 7 hours each day, despite the fact that she had a catheter and feeding tube and required special attention. Her limbs were retracted and stiff, she had a temperature of 101 degrees and she weighed only 65 pounds. She was immediately hospitalized after social workers discovered her, and 1 month later, her right leg was amputated due to poor circulation.
- A 76-year-old Iowa woman is frequently abandoned by her daughter and the home health aide who are responsible for her care, and is left with a 10-year-old niece. The niece is learning disabled and not physically equipped to care for her elderly aunt, who is almost totally blind, diabetic, suffering from rheumatism, and on five different types of medication. The aunt recently suffered a stroke and is motor-impaired. She falls easily and the niece cannot lift her from the floor.

- In South Dakota, a 78-year-old man with cerebral palsy was cared for by his 58-year-old cousin, who had a 32-year-old, occasionally violent son who had suffered brain damage. The caregiver sometimes left the home for days at a time, fearing her son would do harm to her, thus leaving the older, nonverbal man's care to her son. State authorities found the client to be filthy, the house filled with trash and debris and the food supply in the house to be almost nonexistent.
- In Massachusetts, a 62-year-old mildly retarded man was trying to care for his wheelchair-bound mother in her home, which had been ravaged by fire. Both slept on bare mattresses on dirt floors. About 65 cats, chickens, dogs and rabbits ran in and out of the house. The son got their water from a nearby mountain stream and buried their waste in the yard.
- The life and health of a 78-year-old Iowa woman were endangered by her daughter-in-law caregiver and her own self-neglect. The older woman had medical problems—hypertension, arterial fibrilation and diabetes—which required that she take six different medications daily. Unless these were taken correctly, and it appeared from her symptoms they were not, her blood sugar could swing dramatically up and down, altering her mental state and memory. On one occasion, a social worker visited the home and told the elderly woman she smelled something burning. The woman replied that nothing was cooking but the social worker found some meat that was burning on the stove and narrowly averted a fire. In addition, the social worker noted mouse feces on the counter and bread lying out on the counter with holes in it, as if mice had been eating it. She observed spoiled food in the refrigerator, dirty dishes all over the kitchen and dirty laundry in the bathroom, leading her to believe the caregiver had not been in the home recently.
- In Texas, a 90-year-old woman had been removed from a nursing home by her daughter, who claimed to be a "nurse's aide." Paramedics responding to a call found the elderly woman lying on a bed on the front porch of her daughter's house.

  The mother had decubitus ulcers on both hips, inside both legs and on her heels. There was an old sock stuffed in one of the deep decubiti, and the woman had feces caked on her skin.

  Upon admittance to the hospital, the client was pronounced in critical condition. She was malnourished and had trouble breathing. The physician in charge said she had severe decubitus ulcers—the one on her heel was down to the bone and was necrotic—and sepsis, a toxic condition resulting from the spread of bacteria. She died only a few hours after her admittance to the hospital.
- In Texas, paramedics responded to a call and found a 95-year-old woman lying in a pool of urine, wrapped in a blanket. When they tried to move her, her skin came off in layers.

The woman lived with her daughter and other relatives in a cluttered home with a strong urine smell. She slept on a urine-soaked bed. The woman also had scars over her body, which a doctor thought were cigarette burns.

Upon admittance to the hospital, the woman was frail, dehydrated and had a prolapsed uterus, as well as multiple decubiti and sepsis over her entire body. She was covered with urine burns which caused her skin to peel off when touched. She died the next day from this severe neglect.

- From Florida came the case of an 86-year-old man with severe heart disease who was abandoned by his wife in their apartment and died. The frail man needed help with almost everything he did, including walking and going to the bathroom. His eyesight had become so bad that he couldn't see well enough to dial the telephone. He required round-the-clock care.

  One day at 2 p.m., the wife told her next-door neighbors that she couldn't take it anymore, that she was going to visit her daughter in Miami. She told the neighbors that, if they found that her husband had died in her absence, they should call a certain man who runs a funeral home. One of the neighbors asked for her daughter's phone number, in case something happened. The neighbors heard no sounds in the apartment for 2 days. The elderly man was found dead in the bathroom the next day.
- When apartment cleaners and painters entered a Texas apartment vacated by the tenants 3 weeks previously, they discovered an elderly woman in a back room. This stroke victim, in her mid-80's, was bedbound and incontinent, unable to call for help. Her relatives moved out one night, leaving her alone with a glass of water and one plate of food. The woman was found starving, dehydrated and lying in her urine and feces. She had seen no one in the 3 weeks since her family moved. She died in the hospital several days later. Relatives stated that they couldn't afford to take her along.
- In Tennessee, an 84-year-old man was found in a urine-soaked, feces-covered bed. He had a staph infection. His care was supposed to be handled by his 50-year-old, low-functioning daughter, who was totally financially dependent on him. She fought the notion of placing him in a nursing home because she would be left without financial support if that happened.
- In Texas, a 61-year-old woman with Alzheimer's disease and diabetes was being neglected by her daughter. They lived in a house which was dirty and cluttered. The older woman had a large, 4" deep decubitus ulcer on her buttocks and numerous other decubiti. She had pulled out her feeding tube, had an elevated temperature and her blood pressure was very low. Her alcoholic sister was supposed to be assisting in her care but did not bathe the client or dress her wounds. A second daughter who lived nearby used part of the client's Social Security check to pay her own household expenses.

The family would not permit the elderly woman to enter a nursing home because they then wouldn't have access to her Social Security.

- An elderly woman in Vermont was found frozen to death in her home. Court papers indicate that her younger brother, her legal guardian, was empowered to oversee her finances, her care and her medical attention. This 82-year-old woman had been living in a house without running water or toilet facilities, and had been forced to heat the house herself by stoking a coal stove, which required great physical stamina. When the police arrived, they found piles of frozen human excrement, no food and no heat. Authorities became aware of the situation when the brother petitioned to complain about the tax assessment for the home, which he referred to as "nothing but a shell."
- An 80-year-old Texas man lived alone in a small house, his only family a stepson who lived nearby. The client suffered a massive stroke which left him totally incapacitated. His stepson left the older man alone in the house with no food or water for 3 days and would not allow him to be hospitalized for fear of being held responsible for the medical bills. Without the intervention of State caseworkers, the man would have died. He was finally admitted to the hospital.
- An elderly couple from Ohio was found living in a condemned house. The woman was suffering from scabies and exhibited some of the more dangerous symptoms of diabetes. Social workers learned that her husband was diluting her insulin in order to save money. The couple had adequate funds to afford better shelter and medicine but refused to use them.
- In South Carolina, an 82-year-old disabled woman was denied adequate food, and the medicine prescribed by her doctor, for months. She is suffering from physical and medical neglect and being physically abused by her unemployed, alcoholic son. When State authorities came in contact with her, she had several unexplained cuts and bruises around her face and neck.
- An 81-year-old woman from Texas suffered a broken hip when her husband "fell" on her. He refused to allow her to go to a doctor for 4 days after this accident. This 5'8" woman had gone from "obese," according to social workers' reports, to weighing a mere 78 pounds in 4 months. The husband refused to allow a provider to bathe or otherwise help his wife. When a caseworker visited the woman at home, she found her naked, lying on a green rubber sheet. She was covered with urine and feces, and was unable to speak or to move without assistance. Her husband insisted she remain naked so she wouldn't dirty her clothing. When the woman was finally seen by a doctor, she was seriously malnourished. She lived for only 3 weeks after being removed from this situation.

- An elderly Montana man suffered neglect at the hands of his legal guardian. He was incontinent and could not feed himself, yet the guardian made no arrangement to tend to these needs. In addition, witnesses said the older man was being left in front of his home wearing only a diaper and a T-shirt, even in cold weather.
- Two elderly men from Louisiana, mentally retarded and basically non-verbal, tried to remain at home and not in an institution, but had a squalid existence because of neglect by their caregivers. The woman charged with their care had serious health problems herself and eventually died. Her husband, an alcoholic, took over after his wife's death. He did a poor job managing the men's money and refused to obtain for them medical examinations, psychological evaluations and other items required by the State. He also denied the men access to community resources that could have improved their emotional and physical well-being, such as Meals on Wheels, home health care and home counseling. The home was filthy, with a strong odor of urine everywhere. The men were emaciated and were kept in one dark, hot room with no ventilation. They wore shabby clothing soiled with urine and feces. One of the men had been hospitalized before for malnutrition.
- Ohio reports the story of a 76-year-old, very thin and frail-looking woman, who lived alone. Her home environment was unsafe and unhealthy. There was no food in the house, which was roach-infested. The only thing in the refrigerator was a brown mouse. The woman was incontinent and there were urine and feces on the floor and on her person. An investigation revealed that her landlady "looked after" her money and her affairs. The landlady was using her money for herself and obviously not providing for the elderly woman's needs.
- A 72-year-old Oregon man lived in a board and care home after suffering a stroke 2 years earlier. A 57-year-old friend of his needed a place to live so the elderly man agreed to pay for an apartment in exchange for caretaking services from the friend. When investigators finally found the elderly man, he was paralyzed, confined to his bed in a filthy environment. He had not been bathed for about 6 months, they said, or shaved for 3. He died of cancer several months later. The caregiver had had many Veterans Administration and Social Security checks signed over to him, ostensibly to cover the cost of care for the elderly man. However, the victim later complained of the poor care he received and the "solitary confinement." The younger man "threw me in a room and that's where I stayed," said the elderly man. Apparently the caregiver was drunk fairly often. And the elderly man complained to social workers, between fits of crying, of soiling himself in bed. He would beg to be bathed but the caregiver would only clean the bed, not wash the man. When the older man repeatedly asked for a bath, the caregiver would say, "Oh well, it'll wear off" and walk away.

- An 81-year-old man moved from St. Louis, Missouri, to Arkansas to live with a friend of his, who became his caregiver. They had a mutual love of animals and were soon living in the middle of a dog pen with over 300 dogs. The pen was made of particle board and was filthy. After 1 year, the man's savings—roughly $80,000—had been depleted by $20,000, and all of his $110-a-month pension went toward feeding the dogs. State social workers said the man was confused, often thinking that he was still living in St. Louis with his parents. His talk would ramble. He said he wanted help but could not bear to leave his animals for the comfort of a boarding home.

Financial Abuse

Financial abuse involves the theft or conversion of money or anything of value belonging to the elderly by their relatives or caretakers. Sometimes, this theft or misappropriation is accomplished by force—sometimes at gunpoint. In other cases, it is accomplished by stealth through deceit, misrepresentation and fraud. In most instances, the taking of the elderly person's property happens swiftly, but in a few instances involving undue influence in the writing of wills, greedy family members have been willing to wait months or even years to acquire the property of a "loved one."

In the course of its investigation of elder abuse, the Subcommittee on Health and Long-Term Care has discovered literally hundreds of examples which fall into the category of financial exploitation. As will become apparent from the examples below, financial abuse is usually accompanied by physical and psychological abuse. The examples are merely illustrative of this problem. They range from armed robbery of the elderly by their loved ones to theft of their personal possessions to exotic schemes to defraud them of literally anything of value.

One of the most heartbreaking varieties of financial abuse involves elderly people who have lived independently until an injury or illness necessitates their entering a hospital for treatment. When they are discharged, many older Americans learn to their amazement that their families have sold their homes out from under them. Equally troubling are cases where caregivers have their elderly charges committed to public institutions as a means of obtaining their property.

One example of financial abuse comes from Louisiana. An elderly woman there lived for many years with her son in a rented apartment. She became increasingly frail and was walking with difficulty when at all. The son cashed her Social Security check each month (as the social worker reporting this case wrote, he "was her representative payee for Social Security—Social Security here thinks that all relatives who agree or request to be appointed payees will act in the person's interest. No investigation is done or questions asked"). From the mother's check, he paid the rent and used the remaining amount to meet his own needs. He did not provide adequate nutrition for his mother and she became increasingly malnourished and dehydrated. He left her alone and

virtually helpless for long periods of time. He physically abused her as well, pushing and hitting her if she protested any of his actions. At one point, the mother called the police, who came and arrested the son. However, he was able to post bond immediately (with her money) and returned home to give her the worst beating ever.

Additional examples of financial abuse of the elderly follow:

- In Maryland, an 88-year-old Russian immigrant, Mr. L., had been living alone in his small, dilapidated home since his wife died 5 years earlier. Married for over 55 years, he had become very lonely, isolated from neighbors, self-neglectful and overly protective of his schizophrenic son. Although the son, Robert, had moved out of the home several years earlier, he was constantly having financial, housing and legal crises and pressuring his father into giving him large sums of money.

  During one of his son's unwelcome visits, Mr. L. was short of funds and refused to turn over any more money. Robert then became violent, striking Mr. L. in the face and stomach, threatening to kill him and smashing several small pieces of furniture. Subsequently, Robert left the home and was later arrested by police on an unrelated breaking and entering charge. Mr. L. denied any wrongdoing to concerned neighbors and refused to report his son's abusiveness to the police. Shortly after this sequence of events, a concerned neighbor called adult protective services and reported suspicions of Mr. L. being financially, physically and emotionally abused by his son. An emergency team visited him and found him flustered, bruised and suffering from chest pains. He was given home aide assistance in the areas of meal preparation, personal care, laundry and general supervision. His daughter agreed to fly in from Florida for an extended visit so Mr. L. could regain his strength and consider his future plans.

- Muriel, an elderly woman in Oklahoma, was being terrorized by her adopted son, who would often display his violent temper to obtain and then squander her money.

  The son and his wife gained control of Muriel's money by obtaining power-of-attorney, which allowed them to cash her Social Security and retirement checks each month and to gain access to her savings account. The pair bought a new boat, new car and other luxury items with his mother's money. Soon Muriel, now 78, was penniless.

  A concerned neighbor tried to convince Muriel to get help. The final straw came when Muriel fell and ended up with a large gash in her arm and no money to go to the doctor. Her neighbor contacted adult protective services. Family and friends, when interviewed by social workers, said they were afraid to interfere because they thought the son might burn their houses down or hurt them in some way.

- A 75-year-old Ohio woman was confined in the basement of her son's home against her will. She was bedridden and mentally incapacitated. She was found to have been lying in her own feces for sometime. There were no windows in the base-

ment, therefore no sunlight. The woman was given food but only minimal care and personal contact. The son's family said they had to leave her down there because she was incontinent and would "dirty" the house. The family would not agree to pursue nursing home placement because the elderly woman owned the home in which they lived and they did not want to lose their home or any inheritance, as she had a sizable savings account.

- In New York, a 79-year-old woman lived alone in her own condominium and had assets in excess of $500,000. The woman, Ms. C., had mental problems and was once observed handing out money to strangers in a shopping mall. She was also known to be placing her life in danger by wandering nonchalantly around busy streets. Her daughter insisted that she could take care of her mother's needs during her periodic visits. The caseworker in charge later learned that the daughter had transferred large amounts of money from Ms. C.'s bank account and into her own. When informed by social workers that the county would be applying to have a conservator named for Ms. C., the daughter and her husband had her moved to an unlicensed residential care facility in another county.
- In Delaware, an elderly couple, both suffering from Alzheimer's disease, were the victims of actual and threatened abuse by their granddaughter. She cashed certificates of deposit worth $35,000, although they were in her grandparents' names. The granddaughter has a history of violent behavior and had previously been admitted to Delaware State Hospital for psychiatric care. According to caseworkers, the home is filthy and the granddaughter is unable to care for the two patients, who are confused and bedridden. The grandmother has bedsores because she has not been turned. The granddaughter has failed to keep appointments for her own outpatient mental health treatment and appears to have problems with drug abuse and alcoholism.
- A 78-year-old Arkansas woman had Parkinson's disease. Her husband was her primary caretaker until he suffered a terminal illness and had to remain in the hospital for total care. At this time, the woman's daughter went to adult protective services requesting help in placing her mother in a nursing home. The social worker learned that the daughter and her husband planned to move into her mother's house and take over her finances. The mother objected and did not want to enter a nursing home. Thwarted, the daughter began to harass the mother. She called her mother's doctor and told him her mother was mentally ill and needed to be hospitalized. When the social worker learned of this and objected, the daughter went to the prosecuting attorney and signed a petition to have her mother committed. The social worker again intervened and had the commitment order set aside due to the mother's age and physical condition. The judge, after reviewing the case, issued a restraining order

against the daughter and her husband. The local bank was appointed legal guardian of the estate.

- A 72-year-old North Dakota man was financially exploited by his 28-year-old grandson. The elderly man and his wife took the grandson in and raised him, but the young man has a history of drug and alcohol use and has been arrested several times. The young man makes threats and so the client gives him about $1,000 a month, although he admits that this sum is far too generous, considering the work the grandson does on the farm. He has also given the grandson undisclosed gifts of automobiles and cash.
- In Kentucky, the grandson of a 72-year-old man tried to get his grandfather, who had bronchial pneumonia, heart disease and spotty memory, to grant him power of attorney, meaning control over his finances. Authorities knew the grandson had already fraudulently endorsed many of the older man's Social Security checks. The older man was illiterate and always signed them with an "X" but the grandson had forged his grandfather's full name.
- An elderly North Dakota man lives in a house without indoor plumbing or adequate heating. He could upgrade his home except every month his son takes his Social Security check and cashes it for his own use. He provides the father with only minimal groceries.
- A 75-year-old woman from Washington State lived by herself in an old, dilapidated home. A neighbor reported that the woman's youngest daughter was financially exploiting the mother, having her sign blank checks and then proceeding to drain her bank accounts. The daughter also removed many items of furniture from the family home. The older woman appeared confused and disoriented, and was suffering from short-term memory loss. There was no food in the home and the heat had been turned off when a caseworker visited. The older woman had come to the neighbor on several occasions begging for food.
- The granddaughter and son of an elderly North Dakota man will not allow him to sell his home, despite the fact that he will be ineligible for any medical assistance *unless* he sells it. His relatives have used up all his resources and are unwilling to assist him financially even though he has previously provided them with thousands of dollars.
- The neighbor of an elderly couple in their 90s from Pennsylvania became concerned when distant relatives from another State moved in with them. The couple owned their own home, received large monthly benefits, and had several thousand dollars in the bank. The middle-aged couple who moved in with them were second cousins of the man's previous wife and claimed, falsely, that various relatives had contacted them about caring for this couple. They demanded that the neighbor, an elected State official who kept excellent records of the couple's finances, hand over all financial statements, passbooks, and related items to them. The distant relatives

had themselves appointed guardian of the elderly persons shortly thereafter.

- An Idaho man, age 78, married for the first time at age 60 and was recently divorced. During the divorce proceedings, he lost all assets to his ex-wife, in part because of poor legal representation. The wife received the couple's mobile home in the settlement so he is now out on the street. His only income is $180 a month in Social Security. He is illiterate and frail and cannot understand why he has been forced out of his home and into unfamiliar surroundings.
- In the District of Columbia, a 65-year-old man is cared for by a 47-year-old woman. Apparently, the woman is a prostitute who brings her "tricks" to their apartment, because several neighbors have observed men coming and going at all hours. The elderly man's brother learned from a bankteller that his brother had been coming to the bank with his caregiver almost every day to withdraw money. The man's once hefty bank account has dwindled to $2.
- A Virginia woman in her 70s was bedfast and her mind cloudy most of the time. She owned her home and received Social Security. She had a live-in boyfriend who was a chronic alcoholic. He had power of attorney, his name was on her bank account, and he had in all ways established himself as the person in charge of her finances. Social workers thought that, given her frail health, she should be placed in a nursing home. The boyfriend objected strenuously, saying her property would have to be sold to pay for her care in the home and that he did not want to part with that property.
- An elderly North Dakota woman receives $45 a month for her personal needs in a nursing home. However, her guardian never provides basic clothing as requested by the nursing home staff, or any other items the woman requests. Recently, the guardian purchased for the resident used clothing with stains and a few pairs of cheap underwear.
- An Oklahoma minister pleaded no contest to a felony charge that he had financially exploited an elderly member of his church. He was forced to return property deeded to him and $70,000 to the elderly woman, as well as her china and crystal and a mink coat. (Several items such as the elderly woman's diamond rings "just disappeared," according to the Assistant District Attorney handling the case.) The minister admitted that the woman was incompetent when she signed a will leaving all her assets to him. Apparently, he had gained her confidence by visiting her frequently and doing chores around the house.
- A 68-year-old California woman, competent but physically weakened following a stroke, was fraudulently stripped of her home and possessions and placed in a nursing home against her will. State officials investigated and found that she had been forced to sign a durable power of attorney form by a friend of her son's. The victim was under great stress at the time due to the death of that son from a drug overdose.

- A 70-year-old Indiana man was financially abused by his 30-year-old housekeeper. Over an 18-month period, this woman influenced the victim to give her $164,000. It was discovered she had also exploited other victims, ages 66 to 90.
- An 82-year-old Arkansas woman, illiterate and mentally ill, owned her own farm. An ex-farmhand showed up at her door and got legal guardianship of her person and estate. The elderly woman was not allowed to go anywhere without permission. She was given no money. She was forbidden to live in the guardian's house and was forced into a small trailer with no water, heat or bathroom. She says she was physically and sexually abused by the guardian.
- An 85-year-old widower from Washington, D.C., Mr. B., lives in his own cluttered and dilapidated home. He is thin, frail and frequently forgetful. His diagnoses include severe dementia and pernicious anemia.

  Three years ago a woman named Ms. T. came to Mr. B.'s door offering to clean his yard. She soon offered to fix him meals and help him around the house. Having gained his confidence, she offered to make him a partner in her pantyhose business. Mr. B. gave her $4000 initially and other amounts subsequently as Ms. T. came regularly to take him to the bank "to transact business." To date, Mr. B. has not received any profits from nor documentary papers for his capital investment. One day a man came to the house and informed Mr. B. that his home had been sold. Mr. B. was unaware of the sale and maintained he had no interest in selling the property.

  An investigator later learned that not only had the home been sold by Ms. T., but she had gotten a $60,000 loan using Mr. B.'s house as collateral. Also, his $9,000 bank account had been drawn down to a balance of under $600. In addition, extensive purchases had been made on Mr. B.'s credit card but none of the household items bought went to Mr. B.'s home.
- An 86-year-old former university professor from Texas lived with another woman, age 84, in the latter's boarding house. The home's proprietor was known for taking in the homeless and destitute, particularly mental health patients. The 86 year old believed she was running a major city bank, presented herself as the mayor's executive assistant and claimed to advise the President of the United States. She regularly attended city council meetings in the large metropolis where they lived. The two women were being exploited by an acquaintance who, taking advantage of their memory losses, accepted money for services never rendered and cashed their checks and kept the money. He moved the former professor into his sister's home and charged her her entire income of $400 a month.
- In Vermont, all the money of two mentally-retarded elderly women was pocketed by the operator of the community care home where they formerly lived. The operator had the women sign over to her checks for large amounts, and she

promised to repay both women when she had sold her residence. Neither woman was incompetent, but local authorities agreed that exploitation had taken place because the operator had used her position and authority to extract unsecured loans.

Psychological Abuse

In addition to being abused financially and physically, the elderly can also suffer emotional or psychological abuse at the hands of their relatives or other caregivers. At one end of the spectrum, psychological abuse includes simple name calling and verbal assaults. At the other end, it is a protracted and systematic effort to dehumanize the elderly, sometimes with the goal of driving a person to insanity or suicide. There are few things more pernicious in life than the constant threat by caregivers to throw the elderly into the street or have them committed to mental institutions. The most common weapon used in this kind of warfare is the threat of nursing home placement. This kind of activity is associated more with concentration camps than with private homes in which the elderly reside. However, many examples of these almost unspeakable offenses have come to the attention of the Subcommittee. By definition, psychological abuse usually exists in combination with one or more other types of abuse.

For example, an elderly woman in Oregon lived with her son, who was diagnosed as a paranoid schizophrenic and who suffered additional mental impairment from alcohol and drug abuse which began at about age 14. He tormented her in several ways, one day becoming angry, grabbing his mother's arm, twisting it and spinning her around in her wheelchair. He often threatened her verbally and was physically abusive. Once he crept up behind his mother and yelled, "I could make you have a heart attack!" He also has told her that she should have died a long time ago. He puts headlocks on his mother and talks about killing her. On one recent occasion, he wrapped the telephone cord around her neck and threatened to strangle her. He repeatedly stomps on her feet. He has dismantled the vacuum cleaner and lawn mower and left them in pieces.

Other examples of psychological abuse follow:

- In Montana, the nephew of an elderly woman threatened repeatedly to kill her and set fire to her ranch. On one occasion, he gave her a black eye and bruises when she refused to give him money.
- An 88-year-old widow in New Jersey was repeatedly threatened by her two grandchildren, one of whom was emotionally disturbed. Once, in the presence of a social worker, they threatened to kill her. The social worker concluded that the danger of physical abuse was very great in this household and that nursing home placement was warranted.
- A 66-year-old Kentucky woman called police when her son pulled a gun on her in her home. The son had a history of mental illness and was sent to a Veterans Administration counseling center.

SELF-NEGLECT

As defined earlier in this section of the report, "neglect" is passive abuse of a person. Self-neglect, then, would include the withholding of medication, medical treatment, food and personal care necessary for well-being from oneself. Generally, self-neglect is a function of diminished physical or mental ability. And, in some cases, social and economic conditions may also play a role. In those cases, the neglect seems not a voluntary but a horrible involuntary reaction to circumstances.

In 1987, 10 percent of all elderly people, or 2.6 million individuals, were living in poverty. That same year, the "poverty line" for an elderly single person was $5,393 or $104 a week. There can be little doubt that this level of income represents deprivation, where hard choices among the necessities of food, shelter and medical expenses are a daily reality.

Poverty is even more prevalent among elderly people living alone—19 percent of that segment of the population or 1.7 million individuals live in poverty. Although self-neglect cuts across all economic strata, the elderly poor living alone are especially vulnerable to self-neglect. Given the limited amount of financial resources available to them, they often have little choice but to "let things go," sacrificing cleanliness, health care, nutrition, heating of the household, and other essentials. If mental or physical impairment of the elderly person is folded into this equation, self-neglect is even more likely an outcome.

One example of self-neglect came from Louisiana, where an 81-year-old bedridden woman was found living alone in deplorable conditions. Her home was overrun with rats, roaches, flies, maggots, spiders, cats, a dog and a bird. She had bedsores, scabies, spider bites around her eyes, lice and a rash all over her body. She had been malnourished and dehydrated so severely that a 2-week hospital stay was required to restore her to health. She kept a rope tied around her ankle and attached to the doorknob to open the door.

A greasy film of dust covered everything in the home, witnesses reported. The clutter was so dense, there was barely room to walk in the home and yard. The electrical wiring was hazardous to the point of there being a burned spot on one wall from an electrical fire. Tanks of oxygen lined the wall near a space heater, a disaster waiting to happen because one spark could cause an explosion. There were no linens on the bed and the woman wore no clothes, a home visitor reports, because she had none that were clean. The doors were seldom locked and people wandered in and out. The woman once watched a burglar steal her TV after he moved the phone out of her reach.

Other examples of self-neglect follow:

- In Mississippi, a 64-year-old woman whose husband lived in a nursing home tried to live at home alone with 48 dogs. Social workers who came to investigate reported that her home was filthy and that the woman, Mrs. K., had not had a bath in years. In addition, four dead dogs were removed from the home.

Mrs. K. had obvious mental problems. She could not identify the day of the week when asked and she reported she frequently was bothered by a man trying to kiss her face.

Mrs. K. had a very bad body odor and her dress was covered with fecal stains. Her legs were black from the calves down and open oozing sores were all over her legs. A doctor examining her condition determined that congestive heart failure had brought on this condition. He told a social worker that 15 pounds of fluid were drawn from Mrs. K.'s legs.

Mrs. K. was hospitalized, and social workers and animal control officers began cleaning out her home. They removed a total of 60 live and dead dogs from the house—those still living had to be destroyed because they were diseased. The live dogs were eating the dead dogs in the house. There were 8-inch rats in the house and mice. Roaches were everywhere. Workers had to wear gas masks to clean the house because of the stink of dog feces and urine. Spoiled food and trash were on the back porch and in the kitchen. There were three refrigerators in the house, one of which had a dead decomposing dog in it. Another refrigerator and the oven had rats in them. The only refrigerator that was working was jammed with spoiled food and rat droppings.

The house and its furnishings were a total loss. Finally, the fire department had to burn the house because there was no way the smell would go away. Arrangements are underway to appoint Mrs. K.'s husband her conservator.

- In Texas, a social service volunteer was shocked to find an impoverished elderly Hispanic couple lying in a room amidst swarms of cockroaches in conditions she likened to a horror movie.

  For nearly a year, Mr. and Mrs. R.'s world had been limited to the bedroom of their small house. Their ill health left them unable to buy food, seek medical treatment or apply for government benefits.

  At the urging of their landlord, the social services worker visited the home and found the couple malnourished and lying in soiled sheets. Roaches swarmed in dresser drawers, the interior of a barren refrigerator and in their mattress. "It's one of the worst cases I have ever had," said a local authority on the Hispanic elderly. "It's hard for the Hispanic elderly. They don't know English or the system, and they have cultural barriers."

  When advocates saw the 25-year Dallas residents for the first time, their hair was extremely long and unkempt and their fingernails had grown to nearly 2 inches. Unpaid bills had resulted in their electric, gas and telephone services being cut off. Social service officials are moving to help the couple.

- An 84-year-old North Dakota woman lived on a rural farm with 20-40 cats in her home. The woman told a visiting nurse that she sometimes ate cat food and she told how she prepared it. Further investigation showed that there were dried cat feces and newspapers encrusted with cat feces all over the floors. The living room had garbage piled high in one

corner. The woman's clothing was filthy and she was disoriented to time and place. It appeared she slept in a box on the floor of her dining room.

- In Alabama, an elderly woman was found wandering the busy streets of a metropolitan area, so confused she couldn't say who she was or where she lived. Several times, she was almost struck by passing automobiles. She was suffering from uncontrolled diabetes, which had resulted from improper diet and failure to take medications properly. With the client's consent, State officials arranged for homemaker services, home health services and home-delivered meals. Thus, she was able to return home and live safely and healthily.
- An elderly man in Montana could barely walk around his cluttered and filthy mobile home following surgery for a broken hip. He had also lost weight and a good deal of his strength because he was unable to prepare food for himself.
- An 80-year-old Idaho woman lived by herself, although totally deaf and almost blind and suffering from bouts of confusion. She could not manage her financial affairs and, as a result of not paying bills, her light and heat had been turned off. She also was unable to cook for herself and subsisted mostly on junk food snacks.
- An elderly Massachusetts man in his mid-sixties had become disabled and increasingly dysfunctional due to a stroke, which in turn led to his becoming emaciated and isolated. A home visit revealed that he had no food, had never received services after his stroke and had no money. The bathroom was encrusted with feces and the home had no refrigerator. The housing project had shut off his stove because he had left the gas on several times.
- In New Jersey, an elderly woman with terminal cancer lives with her mentally retarded son and her emotionally disturbed sister. The woman is in pain and her body is swollen—she also has rheumatoid arthritis—but she refuses to go to the hospital because she owes the doctor $190 and cannot pay.
- An elderly gentleman from North Dakota was found on the floor of his bedroom, unable to move. Police officers had to kick the door open in order to enter the home. He was taken to the hospital by a relative and was described as being in very poor condition. The house was in a state of disarray—the man said all he had eaten was a piece of ham on a bun the day before. The whole house was unsanitary, garbage lying all over. The man was very dirty and had urinated on himself.
- In Idaho, an 80-year-old chronic alcoholic has been admitted for medical treatment several times, emaciated because of alcoholism. Alcohol treatment programs have been tried but the man always returns to drinking. He has poor personal hygiene and lives in filthy conditions. He has always walked away from protective living arrangements and after one

such exit was found wandering in the snow hallucinating. He was immediately hospitalized for frostbite.

- An elderly couple from South Dakota shared their home with 20 cats and thousands of cockroaches. Because of unsanitary conditions in the house, the State threatened to condemn the house and force their removal. The wife was mentally disabled and unable to comprehend the problems with the couple's living conditions. She also could not perform any household tasks.
- A reclusive 68-year-old Federal retiree in Texas lived a tragic life of self-neglect. She inhabited an apartment filled with many years' worth of accumulated newspapers, opened and unopened mail, trash, dirt and garbage, empty food cartons and discarded clothing. The home had no air conditioning and, although the social worker visited in the extreme heat of July on the Gulf Coast, all the windows were tightly closed. The woman's coloring was very poor, her breathing was labored, her abdomen was distended and her feet and legs were badly swollen. She initially refused help but, when finally hospitalzed, was diagnosed as having terminal cancer.
- An elderly woman in Massachusetts was evicted from her apartment by her brother for playing the stereo too loud. The woman, who suffered from dementia, had to move to her own place, where she became increasingly isolated and refused services, perhaps as an attempt to cover up her increasing mental problems and difficulty functioning in the community. She did not pay her bills and was found to be eating moldy food.
- A 70-year-old Tennessee man was a double amputee and used a wheelchair. The wheelchair will not go into the bathroom of his trailer so he has to crawl. He has multiple health problems which include emphysema, gall bladder problems and sores on the stumps of his legs. He cannot cook for himself and depends on a sister-in-law to bring him food. Recently she became ill and can no longer care for him, so he is on his own.
- In Virginia, a woman in her 70s was reported to adult protective services following an unsuccessful suicide attempt. She was blind, had cancer, had a hip fracture, was very confused, lived alone and was discovered sitting in her own excrement.
- An elderly Oklahoma man was found by social workers lying in his own feces. He was malnourished, incoherent and covered with cockroaches. Both eyes were blinded by cataracts. His home was a rundown shack in the backyard of an unlicensed board and care home. He had head lice and told social workers he had only had one bath in 2 years, in kerosene.
- An 88-year-old Wisconsin woman lived in squalor in an apartment overrun with cats. The urine/feces odor was overpowering and, because the apartment was recently fumigated, there are now hundreds of dead cockroaches everywhere.

The woman is reportedly confused and suspicious of people. She won't let her granddaughter help her with housework or personal care.

- A 63-year-old Colorado man lives by himself in a shack with no utilities and no running water. His home is 11 miles off the highway on a dirt road, the last 3 miles of which are impassable in mud and snow. This divorced man is a known manipulator of people and the system, a known alcohol abuser who has occasionally shot at people entering his property. He has a history of verbally abusing and physically threatening people, from small children to court lawyers, and is known to have beaten his former wife. He has a history of medical non-compliance and physician switching. He suffers from diabetes, myocardial infarct and a foot ulcer which is infected and may require amputation of the foot or leg. He is sorely in need of food, medicines and medical care but has repeatedly told social service workers that he can handle things.
- A 72-year-old Oklahoma woman was adamant about remaining in her home, even after it was burned to the ground. The city condemned the structure but she refused to leave, taking up residence in a 6 foot by 12 foot concrete cellar buried beneath the charred rubble. At least a half dozen cats shared the cellar, where she lived for almost a year with no electricity, heat or plumbing. The air was damp and cool, and a musty smell lingered among the sacks of dresses, stockings and shoes. Rain often leaked into the cellar, where a propped-up piece of plywood served as a makeshift roof. The woman's bed consisted of two wooden chairs with a board stretched between them. She used a coffee can as a toilet and an outdoor spigot provided drinking and bath water. Regrettably, another fire raged through the remaining structure and the woman died of smoke inhalation.
- A 72-year-old Wisconsin man was reported by the county aging unit to have fallen and hurt himself. The home-delivered meals driver is concerned that the man may continue to fall and hurt himself. At a subsequent home visit, the man was found obviously intoxicated. The police department was involved in a dispute over the man giving his truck to his "housekeeper," who had yet to return it. The man is competent, alcoholic and refusing services.
- Ms. F. is in her sixties. She lived with her mother in some undisclosed location until her mother died. At that time she went to Las Vegas, Nevada, and became a street person for many years. A man befriended her and bought her a bus ticket to Arkansas. She thought that she had friends and relatives there but she did not. Ms. F. began living under a bridge and drinking heavily. She refused to eat. Local police often allowed her to sleep in jail during bad weather because they knew she had no place to live. She became increasingly demented and finally had to be committed to a State hospital.

- In the District of Columbia, an elderly couple, Mr. and Mrs. L., were living in their own home, which was filthy. Mrs. L.'s clothing looked as through it had gone unchanged for several months. She wore only socks, which were soiled with excrement, on her feet. The floor of every room observed—kitchen, enclosed back porch, living room, front bedroom—was covered abundantly with canine excrement, especially the kitchen. The other rooms had carpeting but waste was caked on it, too. The house was in disarray, large appliances were pulled out from the wall and appeared inoperable. The passageway in the living room was blocked by furniture moved there from the bedroom.
  Mr. L. was found lying in a bed which had no sheets, only several soiled blankets. He sat in front of a small space heater and was surrounded by several coffee cans which he used as spittoons. Like his wife, his personal hygiene was neglected and his clothing filthy. A social worker requested an ambulance to take the couple to the hospital for medical and psychiatric evaluation. Mr. L. had a bad leg which began to bleed when he was lifted. One of his socks was encrusted to his foot and had to be soaked off. The hospital diagnosed Mr. and Mrs. L. as suffering from malnutrition, dehydration and dementia. They were temporarily placed with their only child until emergency placements could be secured.
- In Wisconsin, a neighbor reports that the 85-year-old man next door is not eating regularly or taking proper medical care of himself. A home visit is made and soon the man is given home-delivered meals and a new caregiver. Even so, the man refuses to take his medication. As a result, he falls one night and is found the next day in tremendous pain. Once convinced to enter the hospital, he is found to have suffered a hip fracture.

Sexual Abuse

Sexual abuse of the elderly by their caregivers is a gruesome subject. It needs no further explanation and a few examples are sufficient to make the point.

- A 65-year-old California woman had an unruly son who was discharged from the Army and came to live with her. He confiscated her benefit checks and threw away her medications for arthritis and pain. He demanded sexual gratification from her on repeated occasions and kept her in submission by threatening to throw her out in the street if she made his practices known.
- A 64-year-old disabled woman in Texas has been married for 20 years to her abusive 37-year-old husband. He has made repeated sexual attacks on his wife, some of which have been witnessed by other family members. Law enforcement has been called in on several occasions because of his beating her. She had many bruises, old and recent, which authorities said indicated she had been tied down. The husband also helped himself to his wife's Social Security check each month.

- In North Dakota, an elderly man has been charged with sexually abusing his wife, who has Alzheimer's disease and cannot walk because of a spinal cord injury. He has also been accused of failing to provide her with proper nourishment, medical care, personal hygiene care, and emotional support. Both her medical conditions require special attention which the husband is capable of giving but will not agree to do because of his advanced age, personal beliefs, demeanor or lack of funds.
- In Virginia, an elderly man sexually and physically abused his wife, who has Alzheimer's disease. Both are in their 80s. Their home contains a decorated Christmas tree complete with wrapped presents, but all is covered with dust and cobwebs. The presents have been there for many years awaiting the visits of family members who never came. According to State social workers, the woman needed medical treatment for a kidney condition and a lump in one side. The husband refused to obtain medical care for his wife so finally an emergency order was issued for her examination and treatment. Witnesses later said that they had seen the husband be violent with his wife. They also knew he had a gun. On one occasion, he struck a social worker. The husband has since died and the abuse ended with his death.
- An elderly woman in southern Vermont was hired to live with a family and provide care and companionship for their elderly relative. She was then held in the home by family members against her will and sexually assaulted numerous times. The assaults were videotaped and the victim was forced to watch the replay of these episodes. She was also repeatedly beaten and deprived of food, medical attention and other care.

Violation of Rights

All Americans, whether young or old, rich or poor, well or sick, are invested with certain inalienable rights by the United States Constitution. In addition, further rights are conferred by Federal statutes and the interpretation of them (and the Constitution) by Federal courts. In addition, there are other rights which have been granted to citizens by their respective States through their legislatures and preserved through their courts.

The "violation of rights" section of this report includes being forced out of one's dwelling or being forced into another setting against the older person's will. It also treats violation of the right to move freely, with no physical restraints, the right to receive adequate and appropriate medical treatment, the right not to have one's property taken without due process of law, the right to a clean and safe living environment, the right to privacy, the right to freedom from verbal abuse and the right to complain and seek redress of grievances, among others.

One case of the violation of rights of an elderly person occurred in Texas. When her wealthy husband died, an 82-year-old woman, Mrs. H., was his sole inheritor, a fact that his stepson, Manny, could not accept. Manny offered to help his stepmother

and moved into her home. Shortly thereafter, he had her telephone disconnected so she would not be "bothered" by friends and neighbors calling to see how she was doing. He installed a new phone, with an unlisted number, in his room, which he kept locked when he was away. He forbade her to use the phone when he was home and he installed a lock on the outside of her bedroom door.

Although Mrs. H. was alert, lucid and mentally capable of handling her own affairs, Manny began to lay the groundwork for her supposed mental incapacity. When friends and neighbors came by, he told them his stepmother was in poor health and that he suspected she was losing her mind. He boxed up her clothes and donated them to the Salvation Army, telling his stepmother that he was going to buy her a new wardrobe but telling her friends that she had destroyed all her clothes with a pair of scissors. He mentioned to others that he might have to go to court to become her guardian so he could take care of her and her estate.

He deliberately attempted to upset Mrs. H. and to destroy her self-esteem. Under the pretense of "cleaning out the junk," he removed beloved souvenirs and valuable antiques from the house. He frequently rearranged the furniture, which she found disorienting. He laughed when she was being serious and told her that her humorous anecdotes were stupid. He told her that in her present mental and physical condition, she was lucky to have anybody to help her at all. Believing that her friends had abandoned her, she was persuaded to change her will in his favor.

Perpetually "self-employed" in get-rich-quick schemes, Manny soon quit working altogether. He moved his girlfriend into the home, too.

One day, Mrs. H. began to have chest pains. She asked Manny to call for help but he told her it was just indigestion. The pain worsened and still he refused to call the doctor or emergency medical services. Mrs. H. escaped from the house and went next door, where the neighbor called for an ambulance. She was hospitalized with a heart attack.

Shortly after Mrs. H. returned home from the hospital, Manny and his girlfriend went out for the evening. Later that night, Mrs. H. awoke to the smell of gas, stumbled into the kitchen and found the pilot out but all the burners on. After this apparent attempt on her life, she was able to make contact with State adult protective service workers. Accompanied by the police, the worker found that Manny had locked Mrs. H. in her bedroom with no food. First, social workers obtained an order to have the locks changed, to keep Manny out, but because he had guns and had threatened violence, she was removed to an emergency shelter.

Other examples of violations of rights follow:

- In California, an 81-year-old woman was left alone all day, strapped to a chair, by her son. When two home health nurses made an unannounced visit, they found her upset and crying. When changing her catheter, they found swelling and bleeding, and bruises on her chest and arms. She was hospitalized at once.

- In Missouri, the niece of an 84-year-old woman took her to visit a relative in another part of the State, but afterwards placed her in a nursing home instead of returning her to her home. The niece was able to do this by obtaining durable power of attorney while her aunt was in the hospital; she coerced her aunt into signing the forms. The aunt wouldn't mind being in a nursing home but is obviously distressed to be placed in one 150 miles from where she used to live. The niece has now filed for guardianship and apparently has a foolproof plan. A witness said the niece was changing her aunt's doctor, and would prove her aunt was incompetent because she didn't know her own doctor's name.
- In North Dakota, an elderly woman lives in an upstairs apartment in her son's home. She says the son uses her as a slave to do household chores. The son and grandchildren take her money without asking and insult her mental capacity and continually use profanity when talking to her.
- In Kentucky, a non-ambulatory 69-year-old woman with cerebral palsy was left on the bedpan for 2 hours by her caregiver. She was told she had to stay on the bedpan until she used it because she was "too much trouble" and the caregiver didn't want to have to keep checking on her. The older woman was also denied her bathing water and clean clothes until she had gone to the bathroom.
- In Ohio, an elderly woman who was mentally incompetent and physically incapacitated was tied in bed each morning when her daughter went to work and untied at the end of the workday.
- Hawaii reports the case of an elderly woman who had given her house to her daughter in exchange for the care the daughter was to provide for her. However, the daughter reneged on her end of the bargain. She recently separated from her husband and is working full-time on different shifts, often leaving the care of her mother to her 11-year-old daughter. Since the grandmother requires injections of medications throughout the day, leaving her in the care of an 11 year old was deemed inappropriate by the State. Recently, the adult daughter has denied her mother access to the telephone. She has also threatened to send her mother to a nursing home. Social workers suspect the daughter of financial abuse and have found evidence of physical abuse (a bruise on the elderly woman's arm.)
- An 82-year-old Wisconsin woman is reported to social services after the woman, who is incontinent, is found bound to a chair by a relative 3 days after her alcoholic, unemployed son tied her to it. The home is in total disarray. Efforts to locate the son, a known drifter, have yet to prove successful.
- An 80-year-old Oklahoma woman with a history of mental illness was found locked in her bedroom by her guardian. On a hot summer day, neighbors heard someone screaming and crying for water. They phoned for help but the guardian refused to let the social workers pass so they called police.

While waiting, social workers listened to what they thought were the screams of a child. Upon entering the home, which police described as being so hot they immediately broke out in a sweat, they discovered the woman, locked in a bedroom with no access to water or a bathroom. "If I don't keep her locked up she will run away," the guardian told social workers.

- In New York State, the sheriff's office was called by Ms. F. who was 72 years old and physically frail. The woman said that her son, a wealthy attorney, was holding her prisoner in his home. The sheriff and protective service workers visited the house and found conditions to be deplorable. Ms. F.'s bed consisted of a soiled mattress without sheets. Floors throughout the house were covered with feces. There were signs of drug and alcohol abuse by the son. There was no food in the house and Ms. F. said that, during a recent business trip of his, he had left her alone and locked the refrigerator. She also related how on one occasion her son and his girlfriend had tied her to an ironing board and carried her around the yard over their heads as part of a game.

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It should be clear from the above examples that abuse of the elderly is far from a localized, isolated problem. The Subcommittee received case histories from every State. These cases are meant to be illustrative. They are not necessarily the most repugnant.

Next, in Section II, the Subcommittee examines some of the prevailing theories for why children and other relatives, and those non-relatives entrusted with the care of older Americans, turn to abuse as a method of relating to their aged dependents.

SECTION II

THEORIES FOR WHY ABUSE OCCURS

As is true with most social problems, the cause or causes of elder abuse cannot be easily determined, particularly given the paucity of systematic, scientific investigation in that area. Most experts agree, however, that a major precipitating factor is family stress. Trying to meet the round-the-clock needs of a frail, dependent elderly relative may be an intolerable burden for family members or other caregivers. The resulting frustration may sometimes be expressed in violent behavior.

There is no question that Americans live in a violent society. What is perhaps surprising is that this violence is not confined to the streets, where videotape shown almost every night on the news makes it appear so commonplace, but also occurs frequently in the privacy of American homes.

Behind Closed Doors [1], a landmark book on family violence, stated that the first national study of violence in American homes estimated that every other house in America is the scene of family violence at least once a year. One observation from that book follows:

> We have always known that America is a violent society . . . What is new and surprising is that the American family and the American home are perhaps as or more violent than any other single American institution or setting (with the exception of the military, and only then in time of war). Americans run the greatest risk of assault, physical injury, and even murder in their own homes by members of their own families.

That family violence occurs, in whatever form—child battering, wife beating or elder abuse—is so shocking and repulsive that many are reluctant to believe it or understand what precipitates it. Articles published on the subject suggest, however, that any one or a combination of the factors listed later in this section may explain why elders are abused by their loved ones.

The motives for abusing the elderly are often complex. An abuser may himself have been mistreated as a child or may have an alcohol or drug problem or may be emotionally unstable.

Also, increased pressures by insurers and government health care programs for shorter periods of hospitalization may contribute to the problem. Earlier discharge of patients places a greater burden on home care and home care is a commodity for which there is woefully little private or public support. To pick up the

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[1] Richard J. Gelles, Murray A. Strauss, Suzanne K. Steinmetz, *Behind Closed Doors: Violence in the American Family*. Garden City, New York: Anchor Press, Doubleday, 1980.

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slack, family members have no choice but to care for their aging relatives themselves.

Many families, too, are wracked by role reversals in which elderly parents, who are experiencing other major and uncomfortable upheavals in their lives, also find themselves in the unfamiliar position of having to take directions from their now-adult children.

Caregiving children of elderly parents may have their own tensions when thrown into the role-reversal situation. As noted in *You and Your Aging Parent,* a book by Barbara Silverstone and Helen Hyman, daily dealings with older people may provide disturbing reminders to younger people of their own aging, frailties and mortality; this, in turn, may affect how they relate to seniors.

And, "Some of the behavior of the older person, such as falling, wandering around or turning up the volume on the radio or television, can cause some care-givers to look only at the negative side of the relationship," states a booklet issued by Los Angeles County agencies concerned with the elderly.

Caring for the needs of an elderly parent poses new challenges which call for special tactfulness and skill—qualities the adult caregiver may have neither time nor inclination to display. As Cherry Rowlings, an English researcher, said, "It may well be that what one can do for one's children, one cannot do for one's parents; that the closeness of family relationships makes the performance of intimate tasks fraught with embarrassment and discomfort." Other tensions can arise when an adult caregiver is able to do without question certain services for his or her own parent but cannot perform them for parents-in-law.

The dominant theories for why elder abuse occurs are described in brief below:

Retaliation.—Some experts surmise that elder abuse is a form of retaliation or revenge in which the abuser was mistreated as a child and returns to abuse his or her parent.

There are often unresolved conflicts between the generations. Some adult children become incapacitated emotionally from a history of abuse by the parent, and their reaction is to strike back. This may be exacerbated if the elderly parent continues to bait his or her vulnerable child. The response is violent aggression.

Violence as a Way of Life.—As noted earlier in this section, one rationale given for elder abuse is the widespread acceptance of violence in American society. In the minds of many, it is acceptable in this country to express frustration and stress in violent ways. In some families, patterns of violence exist from generation to generation, as a normal response to stress.

Unresolved Conflict.—Unresolved conflict, from childhood to midlife, can cause an elderly relative to become a burden carried with great stress and ambivalence, which increases the risk of abuse. As a February 5, 1989 *Los Angeles Times* article by David Larsen stated, "(Elder abuse) happens between spouses, some of whom write brutal final chapters to the tale of long tumultuous relationships. It happens between parents and children, some of whom cannot bear the shift in relationship that makes them responsible for trying to resolve unsolvable problems."

Lack of Close Family Ties.—In families where there is little or no closeness in the relationship between adult children and their parents, the sudden appearance of a dependent elderly parent can bring stress and frustration. Without the love and friendship necessary to counterbalance their new responsibilities, these adult children may become abusive. Having lived independently for a large part of their lives, often at a great distance, emotionally or geographically, from their children, elderly persons who reunite with their offspring may be resented as intruders. Abuse often follows.

Lack of Financial Resources.—"Under such circumstances as lack of money and the stress of dealing with a dependent older person, normal people often lash out against their elders," stated Dr. Suzanne Steinmetz of the University of Delaware.

Many families caring for elderly people live on either fixed incomes or strict budgets. Also, the increasing medical costs associated with the care of the elderly parent can often go beyond the depleted savings of the elderly parent and the limited resources of his or her children. The stresses associated with insufficient income, combined with the inherent stress of providing daily care for an individual who requires a considerable amount of assistance with activities of daily living, can often become overwhelming and precipitate physical abuse and neglect.

Another factor contributing to the financial squeeze of families caring for elderly relatives is that women, the primary caregivers in families, are entering the workforce in increasing numbers. The dilemma, then, is should the daughter or daughter-in-law quit her job and stay home to care for the elderly parent, sacrificing her sense of freedom and independence, as well as her salary, or should she stay home and devote her days to caring for the dependent parent? Either way, she will be making a sacrifice. If she works, she must find someone else to care for the parent during the day, and if she does not work, she loses the additional income which may be needed by the family to cover basic necessities as well as the higher medical bills which probably will come when she cares for an elderly parent.

Unfortunately, this overtaxing of a family's resources is sometimes exacerbated by Federal and State government policies that limit or reduce benefits and services to elderly people when they live with their families. For example, the Federal Supplemental Security Income (SSI) program provides a minimum income floor to low-income aged, blind and disabled individuals. However, when an eligible individual is living in the household of another individual and receiving support or in-kind maintenance from that person, the monthly SSI benefit is reduced one third.

Medicare, too, is limited in the services it can provide to elderly living in a home setting. This Federal health insurance program for the elderly provides some home health services but these are contingent on many conditions being met. Medicare does not cover the ongoing non-medical care and services ("custodial care") a dependent elderly person often needs to help him or her remain at home.

Medicaid, the Federal-State program that provides medical assistance for certain low-income persons including the elderly, is structured primarily to pay for nursing home care. Medicaid offers

far less assistance to elderly individuals who wish to remain in their own homes.

Resentment of Dependency.—Caring for a frail elderly person who requires considerable assistance can be a draining experience. Often the caregiver becomes overwhelmed with the infringement of this assistance on his or her personal time. An adult child is likely to feel trapped by the burden of caregiving at a time of anticipated independence from child rearing. This can lead to frustration, anger and resentment, culminating in some form of abuse.

Increased Life Expectancy.—A demographic indicator of frailty in the elderly, which is in turn an indicator of dependence, is the dramatic increase in life expectancy in this country. In 1987, life expectancy at birth for American women reached 78.4 years and for men 71.5 years, according to the National Center for Health Statistics. The overall expectancy is 75 years, the highest in U.S. history. More people are living beyond age 75 than ever before and recent studies reveal that the "old-old" group, those over 85 years of age, is the fastest growing segment of the population in this country. This means the dependency period of old age has expanded, leaving caregivers to provide extensive home care for a longer period of time. Because fertility rates have dropped considerably, there will be fewer adult children to care for their elderly parents and grandparents in the future.

History of Mental Problems.—In families where the adult child has a history of psychological problems, a climate for elder abuse exists. In numerous cases reviewed by the Subcommittee, mentally impaired children were responsible for abusing or neglecting their parents. Family members appear to become the objects of such abusive behavior because of their proximity to the abuser. Some crisis will set off the abuser, who strikes out at the nearest person or object.

Unemployment.—Unemployment is a major stress-producing experience for most individuals. This time of reduced financial resources, in which the self-worth of the individual may also be in question, is even more stressful if it occurs in middle age. Experts observe that intra-family violence occurs much more frequently when the major income-producing member of the family (generally the adult male) is unemployed. This theory has proved to be true in many cases of spouse and child abuse, and appears to have significance concerning elder abuse, too.

History of Alcohol and Drug Abuse.—The Subcommittee came across many instances of elder abuse in which the abuser was experiencing substance abuse problems. Consistent consumption of alcohol and drugs is a frequently cited factor contributing to family violence. Because alcohol acts as a depressant, the effect seems to depress aggression inhibition systems, thus making aggressive behavior much more likely.

Environmental Conditions.—Certain environmental factors can precipitate stress, which may then lead to neglectful or abusive behavior by family members. Such behavior is often released on the most vulnerable family member, such as the frail elderly person who has to seek assistance with the basic tasks of daily living. Quality of housing, unsafe neighborhood, crowded living conditions—these by themselves, or in combination with other factors

such as alcoholism and intra-family tension, can encourage mistreatment of a dependent elderly persons.

A corollary to the question "Why does elder abuse occur?" is "Who is most likely to be a victim of elder abuse?"

No group of elderly persons is immune to the possibility of abusive behavior. Based on the cases included in Section I of this report and similar examples in the Subcommittee's files, it is possible, however, to draw a profile of the most likely victims of elder abuse.

The victims are likely to be very old, age 75 or older. Women are more likely to be abused than men. The victims are generally in a position of dependency—that is, they rely on others (generally those who abuse them) for care and protection. A review of elder abuse research by Jordan K. Kosberg, Ph.D., Department of Gerontology, University of South Florida, confirmed the Subcommittee's profile and added several indicators. The following characteristics of some older persons, then, appear to make them especially vulnerable to elder abuse:

Female.—Simply because there are more older women than older men, there are more abused older women. In addition, older women are less likely to resist abusive behavior and are more vulnerable to sexual abuse.

Advanced Age.—The older the individual, the higher the risk of abusive behavior. Advanced age is associated with physical and mental impairments and an inability to resist adversities.

Dependent.—Older persons who depend upon others for their care are more vulnerable to elder abuse. Economic dependency can result in hostility by a caregiver and lead to abuse.

Problem Drinker.—Interestingly, although *abusers* often have trouble with alcohol, an older person who is an alcoholic or problem drinker is also at higher risk for being abused. Persons with alcohol problems are often unable to care or fend for themselves.

Intergenerational Conflict.—As noted earlier in this section, problems between a parent and a child do not necessarily decrease with the passage of time. If anything, they may become intensified by the increasing dependency of the parent. Poor intergenerational relationships at an earlier period are an indication of potential problems in the present and future.

Internalizing the Blame.—An elderly person who engage in self-blame may be especially vulnerable to elder abuse through self-deprecating behavior and failure to acknowledge that abuse is the fault of the abuse.

Isolation.—An older person isolated from others may be especially vulnerable to abusive behavior because of the lack of detection and intervention by neighbors, friends, other relatives or service providers. Geographic isolation of the caregiver or older person may increase the probability that abuse may occur.

Provocative Behavior.--As with individuals in any group, some elderly can be overly demanding, ungrateful and otherwise unpleasant. Such older people, impaired and dependent, can aggravate already stressed and overburdened caregivers. Elder abuse can result from anger, coupled with the pressures of care on the caregiver.

Another question that should be examined is, "What sort of victim of elder abuse is likely to *report* the incident?" As has been noted, elder abuse, which runs so contrary to American society's norm for family behavior, is one of the least frequently reported crimes. Recent studies suggest that the type of abused individual most likely to seek assistance is one who has grown up in a benign, stable family setting, and who recognizes elder abuse as the aberration it is. Persons who have grown up in hostile family situations, where violence and conflict are the norm, are much less likely to view elder abuse as anything requiring a report to authorities.

SUMMARY

Still largely a hidden social problem, elder abuse has only recently become the subject of serious study. However, from a review of Subcommittee cases and existing literature, one can conclude that certain elderly persons are more at risk than others, and that certain caregivers are more likely to abuse. In a number of cases of elder abuse, however, abusive behavior toward the elderly is inexplicable. Even today, much less is known about elder abuse than child abuse. As social scientists begin to study the etiology of elder abuse in detail, no doubt the contributing factors of this disturbing phenomenon will come into clearer focus.

Elderly California woman whose eye was blinded following a physical attack by her relative.

SECTION III

SURVEY OF THE STATE HUMAN SERVICES DEPARTMENTS AND ADULT PROTECTIVE SERVICE WORKERS

The States have the primary responsibility for protecting the rights of all their citizens, young and old alike. After a review of the relevant literature, one finds that all States have active programs to protect the rights of children or juveniles. It is interesting to note that the majority of States enacted more effective child protective services laws following enactment of the Federal Child Abuse Prevention and Treatment Act of 1974. This act provided financial incentives to the States to enact statutes designating a specific State agency to be responsible for identifying, treating and preventing child abuse. The 1974 law also established the National Clearinghouse on Child Abuse to serve as a central collection agency on the incidence of child abuse and research related to child abuse. However, despite numerous efforts, no parallel Federal legislation has been enacted with respect to abuse, neglect and exploitation of older Americans. As such, any activity undertaken by the States in this area has come without any meaningful prompting or assistance from the Federal Government.

In order to learn to what extent the States have acted with respect to elder abuse and to gather national information on the extent of this form of abuse and exploitation, the Subcommittee, in 1980 and 1985 under the direction of former Chairman Claude Pepper, and again in 1989 under Chairman Edward R. Roybal, surveyed all State Human Services Departments. (A copy of the survey can be found in Appendix I of this report). Over the decade, the States have shown great willingness to cooperate with the Subcommittee's data collection efforts. Over 90 percent of the States provided responses to the survey on all three occasions. In 1989, 47 of the 50 States as well as the District of Columbia and Puerto Rico complied with the Subcommittee's request for information.

Section III summarizes the responses received from the States. What emerges from this information gathered over the past decade is a national picture of a tragic problem which has grown while all levels of government have failed to provide the adequate resources to combat it.

Section III also reviews and summarizes the observations of adult protective service workers who were surveyed at the National Association of Social Workers Convention held in San Francisco in October, 1989. The survey, which can be found in Appendix II of this report, sought to determine the nature and setting of elder abuse that adult protective service workers around the country are encountering, their observations regarding the incidence of such abuse, and their views on reform measures that might, if enacted,

improve the fight against elder abuse. Of the 80 adult protective service workers attending the conference, representing the majority of the States throughout the country, approximately 70 percent responded to the questionnaire. We learned that adult protective service workers perceive that elder abuse, be it financial, emotional or physical abuse or neglect, is increasing in all settings and that the Federal Government should provide grants to the States to identify, prevent and treat abuse victims.

A. Survey of State Human Services Departments

The Subcommittee's decade's worth of information from its polling of the States provides excellent insight into the issue of elder abuse and government's response to it. A sampling of comments made by State officials responsible for administering programs charged with combatting elder abuse and assisting its victims provides a good beginning to this section's review of survey responses.

Florida has developed a computerized statewide elder abuse central registry and tracking system. This will enable adult protective services workers to better handle cases over time and to better plan for utilization of resources. Officials state that providing funding for more home and community-based services and respite for caregivers would be among the most effective steps that could be taken to combat elder abuse.

Hawaii has passed a comprehensive elder abuse reform law, including major changes to the State's system of guardianship, which will become effective in 1991. State officials urge that the States be given the flexibility to develop resources and services that would most benefit their individual needs.

Idaho reported that the majority of adult protective service referrals they receive are cases of "self-neglect." Officials there told the Subcommittee that we "need to elevate elder abuse to the same level of priority as child abuse, not only in States but nationally."

Louisiana reported that it has no operational program to protect the elderly from abuse. A State official told the Subcommittee, "A small, limited program was previously in existence but it had no separate budget and utilized child protection staff. In August, 1988, a decision was made to discontinue the services when no separate funding was forthcoming from the legislature." Louisiana also took issue with the Administration on Aging's stance that the States should take the initiative on elder abuse, saying, "This is wrong. If the Administration on Aging takes no initiative and only waits to hear from the States, it should be abolished. We need Federal support..."

Minnesota reported that over half of reported adult abuse cases involved neglect. Following neglect in prevalence were physical abuse (19 percent), emotional abuse (11 percent), exploitation (8 percent) and sexual abuse (7 percent).

Montana spoke specifically to the need for greater outreach efforts to identify elder abuse and the need for considerably more resources. The responding official said, "In Montana we know that there are a great number of unreported cases each year...Two years ago we encouraged and trained our staff to do adult protective services publicity in their communities. In those communities that

this was done, referrals (reported cases of abuse) increased 50 percent to 65 percent. This increase caused supervisors to limit or even curtail presentations because staff was not available to respond in many areas. Many of our rural social workers cover child protective services, adult protective services and development disabilities case management. In those areas only those at the most risk get served. Because of limited staff and resources, Montana Elder Abuse Prevention Act authorizes adult protective service teams which are now operating in 17 of Montana's 56 counties."

North Dakota spoke to the need for Federal leadership in the area of elder abuse. Their official opened a letter to Chairman Roybal with the following statement: "I am very pleased to hear the Subcommittee on Health and Long-Term Care is updating its study of elder abuse. It's an important issue that needs Federal leadership and State participation for resolution. Federal leadership is necessary to assure equal access and uniform response to the numerous victims across the United States. Many States need financial incentives or the response may be minimal." The State enacted elder abuse legislation in 1989, but provided only $150,000 in funds to operate the program for 2 years. Because of this funding shortfall, the program will only be conducted in two areas of the State, leaving the rest of North Dakota seniors unprotected.

Tennessee emphasized the need to recognize the problem of self-neglect and other problems related to the lack of adequate support of caregivers. They indicated that some of the most dangerous situations for the elderly are those in which a frail elderly person is trying to care for another frail elderly person, cases in which the caregiver is also dependent although not elderly and those in which elderly persons have no one to assist them and are themselves unable to meet their own needs.

The following section describes the States' specific responses to the Subcommittee's 1989 questionnaire and provides an analysis of changes reported from 1980 to 1989 It is based on responses provided by 47 of the 50 States as well as the District of Columbia and Puerto Rico.

BUDGET AND RESOURCES

The first section of the Subcommittee questionnaire was an effort to elicit from each of the State Department of Human Services or other appropriate agencies information on the level of effort and resources dedicated to protective services for the elderly, adults and children.

The first question asked of the States was whether they have an office which is responsible for providing adult protective services and assisting abused adults. As is revealed in Table 1 (Tables 1–19 can be found at the end of Section III), of the 49 States responding, all but one, Louisiana, reported that they operated adult protection and elderly protection programs. Since the first Subcommittee survey in 1980, all reporting States indicated the presence of such a specialized office. Louisiana reported that it discontinued its adult and elderly protective services program in August of 1988 because of budget shortfalls, despite the fact that the State's approved Title

XX plan earmarked $700,000 in Federal funds to provide these services.

Question 2 of this section of the survey asked the States what their total budget for all protective services was in 1989. Table 2 displays the responses to this question. The average State budget in 1989 was approximately $58 million. California, the most populous State, reported spending the most at over $456 million, with Michigan and Massachusetts next, spending $355 million and $308 million, respectively. North Dakota reported spending the least, with a total protective services budget of $1.075 million. However, North Dakota indicated that that figure did not represent their total funding for these services. Vermont, with a reported total budget of $2.9 million, ranked at the spending bottom for those States reporting their total spending with no caveats.

The third question in this section asked the States what portion of their total protective services budgets went towards protective services for the elderly. As indicated in Table 2, the average State allocated only 3.95 percent of their budgets for protective services for the elderly, for an average budget of $2.3 million. Tremendous variation among the States is apparent. While New York allocated over $20 million for elderly protective services, ranking it at the top of the States, Louisiana provided nothing for elderly protective services. Following New York in 1989 spending levels are the largest States—California at $7.9 million, Florida at $7.7 million and Texas at $7.4 million. Joining Louisiana at the bottom of the spending list are New Hampshire at $49,219, North Dakota, which budgeted approximately $60,000, Arizona at roughly $96,000, and Utah at $110,000.

The next question asked the States to provide their budget for child protective services in 1989. Table 2, which contains these State budgets, confirms that the States are spending the vast majority of their protective services monies for children. The average State allocated $53.3 million or 91.7 percent of protective services funds for child protective services in 1989. There was great variation among the States in this area as well, with spending on child protective services ranging from a high of over $443 million in California to a low of $73,670 in Nevada.

A more accurate measure of State efforts to combat abuse of the elderly is their allocation of funds per elderly resident, thus taking into account variations in State populations. To do this, a per capita expenditure was calculated by dividing each State's total budget for elderly protective services by the number of State residents 65 years of age and older, as reported by the U.S. Bureau of the Census. The results of this calculation are displayed in Table 3.

As Table 3 reveals, the States are spending very little per elderly person for protective services. On average, each State spent only $3.80 per senior citizen annually for the provision of protective services to them. This ranged from a high of $83.24 in Alaska to lows of 22 cents in Arizona and Pennsylvania and $0 in Louisiana. Nearly one fourth (10 of 42) of States reporting spent less than a dollar per elderly resident for these services in 1989.

The Subcommittee was also interested in learning how these figures compared to what States are spending per child for child protective services. The figures, displayed in Table 3, indicate that,

while the amounts are still extremely modest, States are spending considerably more per child for child protective services than for each elderly person for elderly protective services. On average, each State in 1989 spent $45.03 per child resident annually for protective services for them, over 10 times the comparable average for the elderly. Expenditures ranged from a high of $325.36 in the District of Columbia to a low of 26 cents in Nevada.

Another measure of State resources dedicated to dealing with the problem of elder abuse is the number of staff persons dedicated to providing adult protective services. The next question in this section of the survey sought to determine the number of clerical and professional adult protective services workers in each State. As is indicated in Table 4, the States reported having an average of 63.8 such staff members. By this measure again, the States varied tremendously, with New York reporting a high of over 400 adult protective services workers to a low of 0 in Louisiana and 1 in Pennsylvania. The States reported that the majority of workers were professional staff. The number of professional staff averaged 46 per State, whereas the number of clerical workers averaged 7.8, with 19 States reporting one or fewer clerical full-time employees. It should be noted that a number of the States, as indicated in the table, reported that adult protective services were funded by the State but provided primarily at the local level. Thus the number of staff listed included only the number of State office workers.

The survey data collected by the Subcommittee over a decade allows for an analysis of changes in the levels of State resources committed to combatting abuse of the elderly and other Americans. What this analysis reveals is that, while recognition amongst the States of the existence of elder abuse as a problem has grown considerably since 1980, funding to address elder abuse remains distressingly meager.

Table 5 provides a comparison of reported State spending on protective services from 1980 to 1989. This table reveals a more than fourfold increase in State spending. Average State budgets soared from roughly $14 million in 1980 to over $59 million in 1989. States with especially large increases include New Jersey, which jumped from $11 million to $142 million, Montana, which rose from $1.3 million to $18 million, and Michigan, which increased its budget from $16.8 million to over $355 million. Several States, however, reported budgets which actually decreased, taking into account inflation, over the decade. These States include Iowa, Ohio, Oklahoma, and West Virginia.

While the States indicated significant growth in overall protective services budgets in the 1980's, the elderly did not fare nearly as well. The share of protective services funds going to provide assistance to the elderly has dropped dramatically from 1980 to 1989. While elderly protective services accounted for only 6.6 percent in 1980, it plunged to 3.9 percent in 1989, a drop of over 40 percent over the decade. While the average amount per elderly resident for elderly protective services has increased from $1.52 to $3.80 over the last 10 years, much of that has been eaten away by a 62 percent jump in prices due to inflation over the same period. In addition, while a dollar is worth much less than in 1980, the number of

States which spend $1 or less per elderly resident has seen virtually no change, down just one, from 11 to 10, between 1980 and 1989.

INCIDENCE AND TYPES OF ABUSES

The second part of the Subcommittee's questionnaire was an effort to collect data on the number of elder abuse cases which occurred in each of the States in the past year, to determine whether the incidence of elder abuse is increasing, and to quantify the kinds of elder abuse by type, perpetrator and victim.

The first question in this section asked the States to report the number of adult abuse cases that came to their attention in 1988. Forty-eight States as well as the District of Columbia and Puerto Rico responded to this question. California reported the highest number of adult abuse cases received (31,004), while Wyoming reported the fewest cases, a total of 157. Florida and Texas followed California in number of reported cases, with 19,780 and 14,388 respectively.

The next question in this section asked the States to estimate the percentage of these reported adult abuse cases which were perpetrated against elderly persons. A total of 45 responses were received to this item. As indicated in Table 7, the States responded that approximately 70 percent of all reported adult abuse cases involved elderly victims. This represents an increase of approximately 10 percent over the States' estimate in 1980 that roughly 6 of 10 cases of adult abuse involved senior citizens.

From the responses provided to the two previous questions, the number of reported cases of elder abuse was derived by simply multiplying the total number of reported cases of adult abuse by the percentage of these cases involving elderly victims. For the several States which did not provide information on the portion of cases involving the elderly, the national average of 70 percent was assumed. As can be seen in Table 10, 146,738 cases of elder abuse were reported to the 48 respondents. California and Texas led the Nation in reported elder abuse cases, with 14,835 and 10,072 respectively. One hundred fourteen cases of elder abuse came to the attention of officials in South Dakota, the lowest such figure among those responding.

In this section of the questionnaire, the States were also asked whether it was their experience that a significant number of cases of elder abuse never get reported and thus largely escape their attention. They were also asked to estimate, based on their experience, the ratio of reported to unreported elder abuse cases. The answers provided by the States to this first question can be found in Table 8. The States were unanimous in responding that a significant number of elder abuse cases never are reported. In fact, as is revealed in Table 9, one State, Indiana, responded that as few as 1 in 50 cases of elder abuse is reported. On the average, the States told the Subcommittee that woefully few, roughly 1 of 8, elder abuse cases is ever reported. This represents a significant jump from previous years' estimates that 1 in 5 cases is reported, and shows that incidents of elder abuse are more than twice as likely to go unreported as incidents of child abuse, where the ratio of reported to unreported incidents is 1 to 3.

From the information provided to the Subcommittee by the States on the incidence of reported and unreported cases of elder abuse, an estimate of the total incidence of abuse in each State and nationally was derived. This was done simply by computing the number of estimated unreported cases in each State and adding that figure to the total number of reported cases. For those States which did not provide an estimate of the rate of unreported cases, the national average ratio of reported to unreported cases of 1 to 7.8 was assumed to prevail. As can be seen in Table 10, these calculations provide very discouraging results. An average of 28,170 elderly persons are the victims of abuse in every State each year. This translates nationally to a total of roughly 1.5 million elder abuse victims in 1988 alone. Thus, by Subcommittee estimates, fully 5 percent or 1 of every 20 elderly Americans were the victims of some sort of abuse, neglect or exploitation. This reflects a rise of some 400,000 cases since the Subcommittee's last survey in 1984 and a 500,000 increase since 1980. These findings indicate an increase in the number and incidence rate as, in 1984, the States estimated that roughly 4 percent, or 1 in 27 senior citizens, were the victims of such maltreatment.

This section also sought to determine the types of abuse, neglect and exploitation identified by the States. As can be seen in Tables 11 through 16, the vast majority of States reported receiving complaints of all types of maltreatment. All 49 respondents reported having received cases of physical abuse, neglect and financial exploitation of older persons. Forty-seven of 49 reported that they had received complaints of psychological abuse of the elderly. Shockingly, fully 45 of 49 respondents indicated that they had received complaints of sexual abuse of the elderly. An equal number reported that they had received complaints of guardianship abuse, a growing national problem first explored by the Subcommittee in 1987.

And the States report that the national scourge of elder abuse shows no signs of abating. In fact, as Table 17 reveals, over 90 percent of the States believe that the incidence of abuse, neglect and exploitation of elderly citizens is increasing. Six States indicated that it was their belief that the incidence of elder abuse is not only increasing, but increasing at a rapid rate.

This section of the survey sought to determine the extent to which elder abuse is committed by family members of the victims and also by unrelated caretakers. Previous studies had found that the majority of elder abusers are relatives of the victims, often a son or daughter with whom the elderly individual lives. The States' responses to this questionnaire confirmed these previous findings. The States indicated that, on average, only 25 percent of abusers are caretakers unrelated to the elderly victim. Thus, nationally, up to 3 of 4 elder abusers are family members. In addition, many cases of neglect involve self-neglect by elderly persons who cannot or do not properly maintain themselves and/or their living environments. The States were also asked to estimate the percentage of elder abusers unrelated to their victims who live in the same abode as their victim. According to the States, the majority of these individuals do live with their elderly victim. Therefore, the overwhelming majority, according to State responses to the Subcommittee

survey, of elder abuse is committed by individuals who live in the same house or apartment with their elderly victim.

STATE REGULATORY ACTION AND SUPPORT OF FEDERAL LEGISLATION

The final section of the questionnaire sought to determine what legislation is in place at the State level and what should be implemented nationally to combat the problem of elder abuse. It was learned that the level of legislative activity in the States regarding elder abuse has dwindled considerably over the last decade. Only 14 of the States reported that legislation dealing with elder abuse was currently pending in their legislatures, down from nearly half the States (24) in 1980. However, as Table 18 indicates, the number of States which have laws requiring the mandatory reporting of elder abuse cases, a device so important in the identification, treatment and prevention of abuse, has continued to increase since the Subcommittee's first survey a decade ago. There are currently 43 States which have such statutes. Nine States do not have such a mandatory reporting law. This represents an increase from 16 States in 1980 and 38 States in 1984. Seven States, Connecticut, Illinois, New York, North Dakota, Pennsylvania, South Dakota, and Wisconsin have statewide voluntary reporting systems.

The States also reported widespread support for a number of Federal programs aimed at combating elder abuse. (See Table 19) Most of the States indicated that they were significantly hampered in their efforts to combat abuse and enforce their existing State laws absent larger budgets and staffs. For example, as referred to earlier in this chapter, North Dakota told the Subcommittee that its new elder abuse program is only being implemented in two parts of the State and not statewide because of insufficient funding. Forty-eight States indicated their support for grants to the States for the prevention and treatment of elder abuse. Forty-six States expressed their support for offering long-term care assistance in the home to the elderly as an expansion of the Medicare program. Many indicated that such a program would go a long way toward combating elder abuse and neglect by providing needed care and providing a break to family caregivers now under the tremendous stress of constant care. In addition, an overwhelming majority of the States supported Federal legislation to create a national elder abuse system comparable to that already available for child abuse, to provide grants to States for temporary emergency shelters for the placement of abused elders and to create a national clearinghouse and toll-free hotline for the disbursement nationally of information and for reporting incidents.

B. Survey of State Adult Protective Service Workers

Adult protective service workers have the primary responsibility for responding to and substantiating incidents of adult abuse which come to the attention of a State Human Service Department. In order to develop strategies for addressing this rampant problem, the Subcommittee sought to survey the views of a random sample of adult protective service workers nationally. In 1989, at the direction of Chairman Edward Roybal, a survey was developed and administered to adult protective service workers who were in attend-

ance at the National Association of Social Workers Convention held in San Francisco in October, 1989. The survey, which can be found in Appendix II of this report, sought to determine the nature and setting of elder abuse that adult protective service workers around the country are encountering, their observation regarding the incidence of such abuse, and their views on reform measures that might, if enacted, improve the fight against elder abuse. Of the 80 adult protective service workers representing the majority of the States throughout the country, approximately 70 percent responded to the questionnaire.

Question 4 of the Subcommittee questionnaire was an effort to elicit from each adult protective service worker their experience with the nature and setting of elder abuse cases. For example, they were asked if they encounter physical, sexual, emotional abuse and neglect? Is financial abuse a problem they encounter as well as guardianship mismanagement and other violations of personal rights? The Subcommittee also sought to determine whether such abuses are confined to the victim or caregiver's home, or whether such abuse occurs in nursing homes and board and care homes as well.

The majority of adult protective service workers, well over 90 percent of those responding, reported receiving complaints of all types of abuse ranging from neglect to physical beatings and death. The kinds of abuse most frequently cited were physical and emotional abuse, financial abuse and neglect. Surprisingly, 50 percent of those surveyed said sexual abuse cases come to their attention and over 75 percent responded to receiving complaints of guardianship mismanagement and violation of personal rights. The home was most frequently cited as the setting of elder abuse. Adult protective service workers were nearly unanimous in this finding. While adult protective service workers are less likely to be called upon to respond to nursing home abuse or mistreatment in a board and care home, over 75 percent of those responding reported that all types of abuse occur in these settings as well.

The adult protective service workers echoed the sentiment of the State Departments of Human Services that the incidence of elder abuse is increasing annually in all settings, the board and care home, the victim or caregiver's home, and in the nursing home.

Lastly, the Subcommittee sought to determine what the adult protective service community felt the Federal Government could do to improve the fight against elder abuse. Again, given the range of options presented to the workers the overwhelming majority, over 90 percent of those surveyed, agreed that the Federal Government should enact a program of grants to the States to identify, treat and prevent elder abuse in a manner analogous to the Federal effort to combat child abuse.

TABLE 1—Does Your State Have an Office Responsible for Handling Cases of Elder Abuse?

State	Yes	No
Alabama	X	
Alaska	X	
Arizona	X	
Arkansas	X	
California	X	
Colorado	X	
Connecticut	X	
Delaware	X	
Florida	X	
Georgia	X	
Hawaii	X	
Idaho	X	
Illinois [1]		
Indiana	X	
Iowa	X	
Kansas	X	
Kentucky	X	
Louisiana		X
Maine	X	
Maryland	X	
Massachusetts	X	
Michigan	X	
Minnesota	X	
Mississippi	X	
Missouri	X	
Montana	X	
Nebraska [1]		
Nevada	X	
New Hampshire	X	
New Jersey	X	
New Mexico	X	
New York	X	
North Carolina [1]		
North Dakota	X	
Ohio	X	
Oklahoma	X	
Oregon	X	
Pennsylvania	X	
Rhode Island	X	
South Carolina	X	
South Dakota	X	
Tennessee	X	
Texas	X	
Utah	X	
Vermont	X	
Virginia	X	
Washington	X	
West Virginia	X	
Wisconsin	X	
Wyoming	X	
District of Columbia	X	
Puerto Rico	X	
Total	48	1

[1] Did not respond to survey

TABLE 2—1989 State Budgets for Protective Services

State	Total budget	Elderly protective services budget	Child protective services budget
Alabama	$43,452,474	N/A	$32,267,502
Alaska	31,497,100	[4]$1,664,992	28,523,900
Arizona	33,633,425	96,156	31,344,000
Arkansas	N/A	203,000	30,900,000
California	456,300,000	[4]7,920,000	443,100,000
Colorado	39,092,208	986,324	37,298,819
Connecticut	N/A	N/A	N/A
Delaware	8,808,828	306,446	8,430,000
Florida	46,833,832	[4]7,679,474	36,594,534
Georgia	28,900,000	7,102,000	21,100,000
Hawaii	12,943,316	183,266	12,760,050
Idaho	6,946,684	322,632	5,938,459
Illinois[5]			
Indiana	N/A	N/A	N/A
Iowa	7,547,761	239,394	[2]6,822,325
Kansas	[1]1,180,370	[1]0	[1]1,180,370
Kentucky	35,961,646	2,327,405	26,423,100
Louisiana	107,000,000	0	[3]107,000,000
Maine	41,076,000	2,400,000	38,076,000
Maryland	32,600,000	1,740,000	25,100,000
Massachusetts	308,300,000	2,000,000	306,300,000
Michigan	355,200,000	2,692,800	350,800,000
Minnesota	N/A	N/A	N/A
Mississippi	6,061,886	189,099	5,683,689
Missouri	62,893,131	1,660,843	61,047,750
Montana	18,093,000	2,286,160	15,315,000
Nebraska[6]			
Nevada	N/A	N/A	73,670
New Hampshire	N/A	49,219	N/A
New Jersey	142,300,000	1,656,000	[3]140,000,000
New Mexico	8,432,700	1,266,400	7,632,200
New York	182,700,000	20,349,000	150,400,000
North Carolina[6]			
North Dakota	[5]1,075,000	60,000	[5]1,000,000
Ohio	23,042,009	4,814,549	17,032,872
Oklahoma	11,013,116	1,355,841	9,049,200
Oregon	14,046,369	941,732	13,000,000
Pennsylvania	[3]23,700,000	4,000,000	19,700,000
Rhode Island	N/A	N/A	N/A
South Carolina	9,568,569	1,069,011	7,786,884
South Dakota	5,649,370	105,180	5,433,134
Tennessee	34,432,433	1,766,061	29,080,733
Texas	165,460,541	[4]7,488,000	154,762,515
Utah	4,631,225	110,000	4,411,225
Vermont	2,924,815	217,000	2,707,775
Virginia	[2]23,936,039	3,934,766	[2]18,689,685
Washington	11,969,975	465,588	11,000,000
West Virginia	4,875,000	555,000	3,950,000
Wisconsin	N/A	N/A	N/A
Wyoming	8,175,000	157,500	8,000,000
District of Columbia	45,700,000	780,000	44,900,000
Puerto Rico	12,822,409	961,749	11,365,213
Average	58,089,000	2,295,000	53,286,400

[1] Protective services included in other services' budgets.
[2] Does not include State administrative costs.
[3] Estimate.
[4] Subcommittee estimate based on percentage of caseload elderly.
[5] Only Title XX funds for staff.
[6] Did not respond to survey.

TABLE 3—1989 State Budgets for Child and Elderly Protective Services: Per Child and Elderly Resident

State	Budget Per child	Budget Per elderly
Alabama	$22.94	N/A
Alaska	170.80	[2]$83.24
Arizona	32.92	0.22
Arkansas	47.61	0.58
California	59.13	[2]2.63
Colorado	42.92	3.15
Connecticut	N/A	N/A
Delaware	50.78	3.98
Florida	13.09	[2]3.49
Georgia	11.88	11.15
Hawaii	44.46	1.61
Idaho	19.53	2.73
Illinois[3]	N/A	N/A
Indiana	9.55	[2]0.57
Iowa	1.81	[1]0
Kansas	26.93	5.30
Kentucky	82.56	0
Louisiana	125.25	14.91
Maine	21.88	3.49
Maryland	229.95	2.48
Massachusetts	279.07	2.50
Michigan	N/A	N/A
Minnesota	7.29	0.59
Mississippi	46.53	2.34
Missouri	69.30	22.19
Montana		
Nebraska[3]	0.28	N/A
Nevada	N/A	4.09
New Hampshire	76.46	1.64
New Jersey	17.00	8.17
New Mexico	34.53	8.74
New York		
North Carolina[3]	5.46	0.67
North Dakota	6.03	3.51
Ohio	10.26	3.21
Oklahoma	18.95	2.47
Oregon	6.92	0.22
Pennsylvania	N/A	N/A
Rhode Island	8.20	2.82
South Carolina	27.58	1.05
South Dakota	23.21	2.89
Tennessee	31.04	[2]4.49
Texas	7.01	0.78
Utah	19.20	3.29
Vermont	12.71	6.14
Virginia	9.24	0.84
Washington	8.28	2.07
West Virginia	N/A	N/A
Wisconsin	56.74	3.49
Wyoming	325.36	10.12
District of Columbia	N/A	N/A
Puerto Rico		
Average	45.03	3.80

[1] Budget included in other programs.
[2] Subcommittee estimate based on percentage of caseload elderly
[3] Did not respond to survey

TABLE 4—Number and Type of State Adult Protective Services Employees

State	Total	Clerical	Professional
Alabama	N/A	N/A	128
Alaska	3.5	0	3.5
Arizona	88	6	82
Arkansas	10	1	9
California	5.5	0.5	5
Colorado	55	0	55
Connecticut	16	7	9
Delaware	12	1	11
Florida	216.5	17	199.5
Georgia	157	N/A	N/A
Hawaii	5	0	5
Idaho	23	3	18
Illinois[2]			
Indiana	3	1	2
Iowa	9	2.5	6.5
Kansas	N/A	N/A	25
Kentucky	104	0	104
Louisiana	0	0	0
Maine	73	7	66
Maryland	81	5	76
Massachusetts	6[1]	1	5
Michigan	55	10	45
Minnesota	N/A	N/A	N/A
Mississippi	N/A		
Missouri	69	6	63
Montana	77	12	65
Nebraska[2]			
Nevada	15	13	2
New Hampshire	65	15	40
New Jersey	5[1]	1	4
New Mexico	47	N/A	N/A
New York	400+	N/A	N/A
North Carolina[2]			
North Dakota	5[1]	0.5	4.5
Ohio	262		215.5
Oklahoma	45.5	8	37.5
Oregon	30.8	7.4	20.1
Pennsylvania	1.5	0.25	1.25
Rhode Island	1	0	1
South Carolina	200	40	160
South Dakota	6.3	0	6.3
Tennessee	68	0	68
Texas	396	99	297
Utah	6	0	6
Vermont	6	1	5
Virginia	100	29	71
Washington	20	0	20
West Virginia	45	5	40
Wisconsin	10[1]	0	10
Wyoming	6	5	1
District of Columbia	29	5	23
Puerto Rico	34	10	24
Average	63.8	7.8	46.3

[1] State employees only—unspecified number of local staff
[2] Did not respond to survey

TABLE 5—State Budgets for All Protective Services: 1980–89

State	1980	1984	1989
Alabama	$14,558,889	$19,259,072	$43,452,474
Alaska	15,541,000	13,368,200	31,497,100
Arizona	4,764,619	1,300,000	33,633,425
Arkansas	1,808,000	N/A	N/A
California	129,124,251	273,200,000	456,300,000
Colorado	13,333,978	19,000,000	39,092,208
Connecticut	N/A	457,000	N/A
Delaware	N/A	N/A	8,808,828
Florida	18,551,166	35,310,537	46,833,832
Georgia	10,125,011	46,609,498	28,900,000
Hawaii	2,139,800	2,900,000	12,943,316
Idaho	3,291,543	5,762,300	6,946,684
Illinois	N/A	67,209,700	[5]
Indiana	15,524,000	N/A	N/A
Iowa	7,303,316	3,214,000	7,547,761
Kansas	N/A	0	[1]1,180,800
Kentucky	5,999,764	16,641,305	35,961,646
Louisiana	8,414,349	8,598,154	107,000,000
Maine	2,867,461	4,999,000	41,076,000
Maryland	9,105,039	N/A	32,600,000
Massachusetts	N/A	N/A	308,300,000
Michigan	16,822,037	16,800,000	355,200,000
Minnesota	26,282,000	18,660,000	N/A
Mississippi	N/A	3,970,158	6,061,886
Missouri	N/A	31,350,000	62,893,131
Montana	1,284,279	11,534,000	18,093,000
Nebraska	2,453,945	2,675,000	[5]
Nevada	N/A	5,731,720	N/A
New Hampshire	N/A	N/A	N/A
New Jersey	11,075,664	101,400,000	142,300,000
New Mexico	1,902,031	N/A	8,432,700
New York	52,796,798	88,400,000	182,700,000
North Carolina	3,400,721	10,731,226	[5]
North Dakota	N/A	N/A	[4]1,075,000
Ohio	23,000,000	28,077,323	23,042,009
Oklahoma	11,000,000	7,371,311	11,013,116
Oregon	N/A	N/A	14,046,369
Pennsylvania	18,641,352	N/A	[3]23,700,000
Rhode Island	N/A	N/A	N/A
South Carolina	6,462,378	9,003,768	9,568,569
South Dakota	1,335,579	4,341,600	5,649,370
Tennessee	9,540,966	18,300,000	34,432,433
Texas	48,230,190	98,741,602	165,460,541
Utah	835,104	868,000	4,631,225
Vermont	N/A	11,109,897	2,924,815
Virginia	9,472,242	15,323,076	[2]23,936,039
Washington	4,801,057	8,127,133	11,969,975
West Virginia	3,943,158	6,645,500	4,875,000
Wisconsin	N/A	N/A	N/A
Wyoming	1,755,124	7,000,000	8,175,000
District of Columbia	2,408,700	N/A	45,700,000
Puerto Rico	N/A	N/A	12,822,409
Average	14,051,230	26,934,868	59,477,659

[1] Protective services included in other services' budgets.
[2] Does not include State administrative costs.
[3] Estimate.
[4] Only Title XX funds for staff.
[5] Did not respond to survey.

TABLE 6—State Budgets for Elderly Protective Services Per Elderly Resident: 1980–89

State	1980	1984	1989
Alabama	$2.09	$4.22	N/A
Alaska	40.67	N/A	[2]$83.24
Arizona	2.41	6.12	0.22
Arkansas	0.21	N/A	0.58
California	N/A	N/A	[2]2.63
Colorado	2.75	7.22	3.15
Connecticut	N/A	N/A	N/A
Delaware	N/A	0.95	3.98
Florida	0.62	1.05	[2]3.49
Georgia	1.02	3.73	11.15
Hawaii	N/A	1.12	1.61
Idaho	0.54	12.71	2.73
Illinois	N/A	0.20	[3]
Indiana	N/A	N/A	N/A
Iowa	0.55	0	[2]0.57
Kansas	N/A	0	[1]0
Kentucky	2.15	3.24	5.03
Louisiana	N/A	0.56	0
Maine	0.09	4.69	14.91
Maryland	1.21	N/A	3.49
Massachusetts	1.65	N/A	2.48
Michigan	0.72	0.75	2.50
Minnesota	4.65	4.33	N/A
Mississippi	N/A	0.53	[2]0.59
Missouri	N/A	8.21	2.34
Montana	0.87	7.63	22.19
Nebraska	1.62	1.05	[3]
Nevada	N/A	1.91	N/A
New Hampshire	N/A	3.29	4.09
New Jersey	1.58	2.27	1.64
New Mexico	1.46	N/A	8.17
New York	2.35	3.98	8.74
North Carolina	0.44	2.44	[3]
North Dakota	N/A	N/A	0.67
Ohio	0.14	2.35	3.51
Oklahoma	1.15	N/A	3.21
Oregon	N/A	N/A	2.47
Pennsylvania	N/A	0.86	0.22
Rhode Island	N/A	0.78	N/A
South Carolina	2.03	2.80	2.82
South Dakota	0.14	5.81	1.05
Tennessee	2.27	4.15	2.89
Texas	0.12	1.55	[2]4.49
Utah	0.05	0.11	0.78
Vermont	N/A	1.08	3.29
Virginia	2.04	3.75	6.14
Washington	N/A	0.55	0.84
West Virginia	1.45	1.19	2.07
Wisconsin	N/A	N/A	N/A
Wyoming	5.34	2.70	3.49
District of Columbia	1.95	N/A	10.12
Puerto Rico	N/A	N/A	N/A
Average	1.52	2.91	3.80

[1] Budget included in other programs.
[2] Subcommittee estimate based on percentage of caseload elderly.
[3] Did not respond to survey.

TABLE 7—Percentage of Adult Abuse Cases Involving Elderly Victims

State	1988
Alabama	N/A
Alaska	56
Arizona	65.5
Arkansas	65
California	60
Colorado	57
Connecticut	100
Delaware	75
Florida	75
Georgia	67
Hawaii	92
Idaho	65
Illinois[2]	
Indiana	62
Iowa	66
Kansas	56
Kentucky	26
Louisiana	75
Maine	78
Maryland	60
Massachusetts	100
Michigan	60
Minnesota	N/A
Mississippi	50
Missouri	85
Montana	73
Nebraska[2]	
Nevada	87
New Hampshire	71
New Jersey	72
New Mexico	70
New York	60
North Carolina[2]	
North Dakota	65
Ohio	87
Oklahoma	84
Oregon	88
Pennsylvania	N/A
Rhode Island	60
South Carolina	66
South Dakota	41
Tennessee	70
Texas	70
Utah	52
Vermont	62
Virginia	74
Washington	48
West Virginia	N/A
Wisconsin	88
Wyoming	90
District of Columbia	78
Puerto Rico	60[1]
Average Percentage	69.2

[1] 1987 Figure, 1988 Unavailable
[2] Did not respond to survey

TABLE 8—Do a Significant Number of Elder Abuse Cases Go Unreported?

State	Yes	No
Alabama	X	
Alaska	X	
Arizona	X	
Arkansas	X	
California	X	
Colorado	X	
Connecticut	X	
Delaware	X	
Florida	X	
Georgia	X	
Hawaii	X	
Idaho	X	
Illinois[1]		
Indiana	X	
Iowa	X	
Kansas	X	
Kentucky	X	
Louisiana	X	
Maine	X	
Maryland	X	
Massachusetts	X	
Michigan	X	
Minnesota	N/A	
Mississippi	N/A	
Missouri	X	
Montana	X	
Nebraska[1]		
Nevada	X	
New Hampshire	X	
New Jersey	X	
New Mexico	X	
New York	X	
North Carolina[1]		
North Dakota	X	
Ohio	X	
Oklahoma	X	
Oregon	X	
Pennsylvania	X	
Rhode Island	X	
South Carolina	X	
South Dakota	X	
Tennessee	X	
Texas	X	
Utah	X	
Vermont	X	
Virginia	X	
Washington	X	
West Virginia	X	
Wisconsin	X	
Wyoming	X	
District of Columbia	X	
Puerto Rico	X	
Total	47	0

[1] Did not respond to survey

TABLE 9—What Is the Ratio of Reported Cases to Unreported Cases?

State	1988
Alabama	N/A
Alaska	N/A
Arizona	1/10
Arkansas	N/A
California	1/10
Colorado	1/5
Connecticut	1/10
Delaware	1/2
Florida	1/4
Georgia	N/A
Hawaii	N/A
Idaho	N/A
Illinois [1]	
Indiana	1/50
Iowa	1/2
Kansas	1/5
Kentucky	N/A
Louisiana	N/A
Maine	1/33
Maryland	1/2
Massachusetts	1/10
Michigan	1/4
Minnesota	N/A
Mississippi	N/A
Missouri	1/7
Montana	1/30
Nebraska [1]	
Nevada	N/A
New Hampshire	1/1
New Jersey	1/3
New Mexico	N/A
New York	N/A
North Carolina [1]	
North Dakota	1/1
Ohio	1/12
Oklahoma	1/10
Oregon	N/A
Pennsylvania	N/A
Rhode Island	N/A
South Carolina	1/5
South Dakota	N/A
Tennessee	1/13
Texas	1/8
Utah	1/2
Vermont	1/5
Virginia	1/5
Washington	1/3
West Virginia	1/5
Wisconsin	1/16
Wyoming	1/5
District of Columbia	N/A
Puerto Rico	N/A
Average	1/7.8

[1] Did not respond to survey

TABLE 10—Number of Elder Abuse Cases In Each State–1988

State	Reported cases	Total cases[1]
Alabama	4,931	[2]38,462
Alaska	273	[2]2,129
Arizona	5,067	50,670
Arkansas	1,040	[2]8,112
California	18,602	186,020
Colorado	2,395	11,975
Connecticut	3,838	38,580
Delaware	441	882
Florida	14,835	59,340
Georgia	7,035	[2]54,873
Hawaii	343	[2]2,675
Idaho	1,042	[2]8,128
Illinois[4]		
Indiana	2,662	133,145
Iowa	538	1,076
Kansas	1,301	6,505
Kentucky	3,508	[2]27,632
Louisiana	[3]1,164	[2]9,079
Maine	1,884	62,172
Maryland	2,565	5,130
Massachusetts	2,769	27,690
Michigan	3,502	14,008
Minnesota	2,879	[2]22,456
Mississippi	470	[2]3,366
Missouri	6,998	48,996
Montana	672	20,160
Nebraska[4]		
Nevada	3,459	[2]26,980
New Hampshire	772	1,544
New Jersey	1,440	4,320
New Mexico	1,014	[2]7,909
New York	7,677	[2]59,881
North Carolina[4]		
North Dakota	180	360
Ohio	8,342	100,1041
Oklahoma	2,281	22,810
Oregon	2,988	[2]23,306
Pennsylvania	N/A	N/A
Rhode Island	252	[2]1,966
South Carolina	2,224	11,120
South Dakota	114	[2]889
Tennessee	2,717	35,321
Texas	10,072	80,576
Utah	653	1,306
Vermont	308	1,540
Virginia	4,017	20,085
Washington	3,005	9,015
West Virginia	1,338	6,690
Wisconsin	1,354	21,664
Wyoming	141	705
District of Columbia	804	[2]6,279
Puerto Rico	552	[2]4,306
Total	146,738	1,464,839

[1] Includes estimates by States of the number of unreported cases.
[2] Subcommittee estimate based on national average ratio of reported to unreported elder abuse cases (1/7.8)
[3] Because Louisiana discontinued its adult protective services program in August, 1988, this figure may be significantly understated
[4] Did not respond to survey

TABLE 11—States Which Received Complaints of Physical Abuse of Elderly

State	Yes	No
Alabama	X	
Alaska	X	
Arizona	X	
Arkansas	X	
California	X	
Colorado	X	
Connecticut	X	
Delaware	X	
Florida	X	
Georgia	X	
Hawaii	X	
Idaho	X	
Illinois[1]		
Indiana	X	
Iowa	X	
Kansas	X	
Kentucky	X	
Louisiana	X	
Maine	X	
Maryland	X	
Massachusetts	X	
Michigan	X	
Minnesota	X	
Mississippi	X	
Missouri	X	
Montana	X	
Nebraska[1]		
Nevada	X	
New Hampshire	X	
New Jersey	X	
New Mexico	X	
New York	X	
North Carolina[1]		
North Dakota	X	
Ohio	X	
Oklahoma	X	
Oregon	X	
Pennsylvania	X	
Rhode Island	X	
South Carolina	X	
South Dakota	X	
Tennessee	X	
Texas	X	
Utah	X	
Vermont	X	
Virginia	X	
Washington	X	
West Virginia	X	
Wisconsin	X	
Wyoming	X	
District of Columbia	X	
Puerto Rico	X	
Total	49	0

[1] Did not respond to survey

TABLE 12—States Which Received Complaints of Financial Abuse of Elderly

State	Yes	No
Alabama	X	
Alaska	X	
Arizona	X	
Arkansas	X	
California	X	
Colorado	X	
Connecticut	X	
Delaware	X	
Florida	X	
Georgia	X	
Hawaii	X	
Idaho	X	
Illinois[1]		
Indiana	X	
Iowa	X	
Kansas	X	
Kentucky	X	
Louisiana	X	
Maine	X	
Maryland	X	
Massachusetts	X	
Michigan	X	
Minnesota	X	
Mississippi	X	
Missouri	X	
Montana	X	
Nebraska[1]		
Nevada	X	
New Hampshire	X	
New Jersey	X	
New Mexico	X	
New York	X	
North Carolina[1]		
North Dakota	X	
Ohio	X	
Oklahoma	X	
Oregon	X	
Pennsylvania	X	
Rhode Island	X	
South Carolina	X	
South Dakota	X	
Tennessee	X	
Texas	X	
Utah	X	
Vermont	X	
Virginia	X	
Washington	X	
West Virginia	X	
Wisconsin	X	
Wyoming	X	
District of Columbia	X	
Puerto Rico	X	
Total	49	0

[1] Did not respond to survey.

TABLE 13—States Which Received Complaints of Sexual Abuse of Elderly Persons

State	Yes	No
Alabama	X	
Alaska		X
Arizona	X	
Arkansas	X	
California	X	
Colorado	X	
Connecticut	X	
Delaware	X	
Florida	X	
Georgia	X	
Hawaii	X	
Idaho	X	
Illinois [1]		
Indiana	X	
Iowa	X	
Kansas	X	
Kentucky	X	
Louisiana	X	
Maine	X	
Maryland	X	
Massachusetts	X	
Michigan	X	
Minnesota	X	
Mississippi	X	
Missouri	X	
Montana		X
Nebraska [1]		X
Nevada		
New Hampshire	X	
New Jersey	X	
New Mexico	X	
New York	X	
North Carolina [1]		
North Dakota	X	
Ohio	X	
Oklahoma	X	
Oregon	X	
Pennsylvania	X	
Rhode Island	X	
South Carolina	X	
South Dakota	X	
Tennessee	X	
Texas	X	
Utah	X	
Vermont	X	
Virginia	X	
Washington	X	
West Virginia	X	
Wisconsin	X	
Wyoming		X
District of Columbia	X	
Puerto Rico	X	
Total	45	4

[1] Did not respond to survey

TABLE 14—States Which Received Complaints of Psychological Abuse of Elderly

State	Yes	No
Alabama	X	
Alaska	X	
Arizona	X	
Arkansas	X	
California	X	
Colorado	X	
Connecticut	X	
Delaware	X	
Florida	X	
Georgia	X	
Hawaii	X	
Idaho	X	
Illinois [1]		
Indiana	X	
Iowa		X
Kansas	X	
Kentucky	X	
Louisiana	X	
Maine	X	
Maryland	X	
Massachusetts	X	
Michigan	X	
Minnesota	X	
Mississippi	X	
Missouri	X	
Montana	X	
Nebraska [1]		
Nevada	X	
New Hampshire	X	
New Jersey	X	
New Mexico	X	
New York	X	
North Carolina [1]		
North Dakota	X	
Ohio	X	
Oklahoma	X	
Oregon	X	
Pennsylvania	X	
Rhode Island	X	
South Carolina	X	
South Dakota	X	
Tennessee	X	
Texas	X	
Utah	X	
Vermont	X	
Virginia	X	
Washington	X	
West Virginia	X	
Wisconsin	X	
Wyoming		X
District of Columbia	X	
Puerto Rico	X	
Total	47	2

[1] Did not respond to survey

TABLE 15—States Which Received Complaints of Guardianship Abuse

State	Yes	No
Alabama	X	
Alaska		X
Arizona	X	
Arkansas	X	
California	X	
Colorado	X	
Connecticut	X	
Delaware	X	
Florida	X	
Georgia	X	
Hawaii	X	
Idaho		
Illinois[1]	X	
Indiana	X	
Iowa	X	
Kansas	X	
Kentucky	X	
Louisiana	X	
Maine	X	
Maryland	X	
Massachusetts	X	
Michigan	X	
Minnesota	N/A	
Mississippi	X	
Missouri	X	
Montana		
Nebraska[1]		X
Nevada	X	
New Hampshire	X	
New Jersey	X	
New Mexico	X	
New York		
North Carolina[1]	X	
North Dakota	X	
Ohio	X	
Oklahoma	X	
Oregon	X	
Pennsylvania	X	
Rhode Island	X	
South Carolina	X	
South Dakota	X	
Tennessee	X	
Texas	X	
Utah	X	
Vermont	X	
Virginia	X	
Washington	X	
West Virginia	X	
Wisconsin	X	
Wyoming	X	
District of Columbia		X
Puerto Rico		
Total	45	3

[1] Did not respond to survey

TABLE 16—States Which Received Complaints of Rights Violations

State	Yes	No
Alabama	X	
Alaska		X
Arizona	X	
Arkansas	X	
California	X	
Colorado	X	
Connecticut	X	
Delaware	X	
Florida	X	
Georgia	X	
Hawaii	X	
Idaho	X	
Illinois[1]		
Indiana	X	
Iowa	N/A	
Kansas	X	
Kentucky	X	
Louisiana	X	
Maine	X	
Maryland	X	
Massachusetts	X	
Michigan	X	
Minnesota		X
Mississippi	N/A	
Missouri	X	
Montana	X	
Nebraska[1]		
Nevada		X
New Hampshire	X	
New Jersey	X	
New Mexico	X	
New York	X	
North Carolina[1]		
North Dakota	X	
Ohio	X	
Oklahoma	X	
Oregon	X	
Pennsylvania	X	
Rhode Island	X	
South Carolina	X	
South Dakota	X	
Tennessee	X	
Texas	X	
Utah	X	
Vermont	X	
Virginia	X	
Washington	X	
West Virginia	X	
Wisconsin	X	
Wyoming		X
District of Columbia		X
Puerto Rico		X
Total	42	6

[1] Did not respond to survey

TABLE 17—Is the Incidence of Elder Abuse Increasing?

State	Yes	No	No answer
Alabama	X		
Alaska	X		
Arizona	X		
Arkansas	X		
California	X		
Colorado	X		
Connecticut	X		
Delaware	X		
Florida	X		
Georgia	X		
Hawaii	X		
Idaho	X		
Illinois[1]			
Indiana	X		
Iowa	X		
Kansas	X		
Kentucky			X
Louisiana			X
Maine	X		
Maryland	X		
Massachusetts	X		
Michigan		X	
Minnesota	X		
Mississippi			X
Missouri	X		
Montana	X		
Nebraska[1]			
Nevada		X	
New Hampshire	X		
New Jersey	X		
New Mexico			X
New York	X		
North Carolina[1]			
North Dakota	X		
Ohio	X		
Oklahoma	X		
Oregon	X		
Pennsylvania	X		
Rhode Island	X		
South Carolina	X		
South Dakota	X		
Tennessee	X		
Texas	X		
Utah	X		
Vermont	X		
Virginia	X		
Washington	X		
West Virginia	X		
Wisconsin		X	
Wyoming	X		
District of Columbia	X		
Puerto Rico	X		
Total	42	3	4

[1] Did not respond to survey

TABLE 18—States Which by Law Require Mandatory Reporting of Elder Abuse: 1980–90

State	1980	1985	1990
Alabama	X	X	X
Alaska		X	X
Arizona		X	X
Arkansas	X	X	X
California		X	X
Colorado			X
Connecticut	X	X	
Delaware			X
Florida	X	X	X
Georgia		X	X
Hawaii		X	X
Idaho		X	X
Illinois		X	
Indiana		X	X
Iowa		X	X
Kansas		X	X
Kentucky	X	X	X
Louisiana		X	X
Maine		X	X
Maryland			X
Massachusetts		X	X
Michigan		X	X
Minnesota	X	X	X
Mississippi			X
Missouri	X	X	X
Montana		X	X
Nebraska	X	X	X
Nevada		X	X
New Hampshire	X	X	X
New Jersey			
New Mexico			X
New York			
North Carolina	X	X	X
North Dakota			
Ohio		X	X
Oklahoma	X	X	X
Oregon		X	X
Pennsylvania			
Rhode Island		X	X
South Carolina	X	X	X
South Dakota			
Tennessee	X	X	X
Texas		X	X
Utah	X	X	X
Vermont	X	X	X
Virginia	X	X	X
Washington		X	X
West Virginia		X	X
Wisconsin			
Wyoming			X
District of Columbia		X	X
Puerto Rico			
Total	16	38	43

TABLE 19—States Which Favor Federal Legislation to Combat Elder Abuse

State	Create clearinghouse and hot-line	Grants to States for prevention and treatment	Victim shelter grants	Medicare home care benefits	National elder abuse system
Alabama	X	X	X	X	X
Alaska		X		X	X
Arizona	X	X	X	X	X
Arkansas	X	X	X	X	X
California	X	X	X	X	X
Colorado		X	X	X	X
Connecticut	X	X	X	X	X
Delaware	X	X	X	X	X
Florida	X	X	X	X	X
Georgia	X	X	X	X	X
Hawaii	X	X	X	X	X
Idaho	X	X		X	X
Illinois [1]					
Indiana	X	X	X	X	X
Iowa	X	X			
Kansas		X	X	X	X
Kentucky	X	X	X	X	X
Louisiana		X	X	X	X
Maine		X	X	X	X
Maryland	X	X	X	X	X
Massachusetts		X	X		X
Michigan	X	X		X	
Minnesota	X	X	X	X	X
Mississippi		X	X		X
Missouri	X	X	X	X	X
Montana	X				X
Nebraska [1]					
Nevada	X	X	X	X	X
New Hampshire		X	X	X	X
New Jersey	X	X	X	X	
New Mexico	X	X	X	X	X
New York		X	X	X	
North Carolina [1]					
North Dakota	X	X	X	X	X
Ohio		X	X	X	X
Oklahoma	X	X	X	X	X
Oregon	X	X	X	X	X
Pennsylvania	X	X	X	X	X
Rhode Island	X	X	X	X	X
South Carolina	X	X	X	X	X
South Dakota		X	X	X	X
Tennessee	X	X	X	X	X
Texas	X	X	X	X	X
Utah	X	X	X	X	X
Vermont	X	X	X	X	X
Virginia	X	X	X	X	X
Washington	X	X	X	X	X
West Virginia		X	X	X	X
Wisconsin	X	X		X	
Wyoming	X	X		X	X
District of Columbia		X	X	X	
Puerto Rico		X	X	X	X
Total	35	48	42	46	43

[1] Did not respond to survey

SECTION IV

FEDERAL AND STATE EFFORTS TO IDENTIFY AND PREVENT ELDER ABUSE

The Congress first recognized abuse of older Americans as worthy of close scrutiny following a joint hearing of the U.S. House Select Committee on Aging and the House Science and Technology Subcommittee on Domestic, International, Scientific Planning, Analysis and Cooperation in 1978. During these joint hearings on "Domestic Violence," a question was asked of University of Delaware Professor Suzanne Steinmetz, a noted researcher of domestic violence, to determine whether she felt that abuse of older Americans was a significant problem in the United States. In response, she gave graphic evidence of abuse of the elderly by their loved ones. She provided the example of a son who tied his 89-year-old father to a chair whenever he refused to turn over his Social Security check. Another case involved a 13-year-old girl who beat up her 78-year-old grandmother. A third example described a son who threatened his invalid mother at gunpoint. Dr. Steinmetz said the growing problem ranges from assault and battery and fraud to benign neglect and poor bookkeeping. She said:

> ...If we were to label the 60s as the decade of interest on child abuse, and the 70s as the decade of wife abuse studies, then I predict, given the generally increasing concern for the elderly in public institutions, that the 80s will be the decade of the battered parent.

Steinmetz's response coupled with an increasing volume of mail received by the Committee on Aging documenting shocking stories of abuse of elderly at the hands of family members and caregivers led the Committee to commence a series of hearings and an ongoing investigation which remains active to this day. In the last 10 years, over a dozen hearings by the Committee and its Subcommittee on Health and Long-Term Care have been held in Washington, D.C. and across the United States relating to elder abuse. Four reports documenting the findings have been published.

What the Committee found, as discussed earlier in this report, was that elder abuse was far from an isolated and localized problem involving a few frail elderly and their pathological offspring. The problem was a full-scale national problem which existed with a frequency and rate only slightly less than child abuse. It was also found that a national effort similar to that enacted to curb the incidence of child abuse in the 70s would be required to help the States identify and prevent the growing incidence of elder abuse.

In reviewing the history of domestic violence in America, the Committee and Subcommittee found that Federal legislation in the area of child abuse paid handsome dividends in encouraging the

States to enact needed legislative reforms designed to prevent and identify the abuse of children within their jurisdictions. With the enactment of the Child Abuse Prevention and Treatment Act of 1974, the States were quick to enact statutes in accordance with the Act and gain eligibility for receipt of funds to designate agencies within their State to receive reports of child abuse and provide necessary assistance. It seemed obvious that the Federal Government could play a similar role in the analogous area of elder abuse.

Therefore, in order to help the States financially and stimulate them to improve their own statutes and the protections they offer the infirm and dependent elderly, the Committee and its Subcommittee recommended the passage of legislation identical to the Child Abuse Prevention and Treatment Act of 1974 as an important step in controlling unwarranted violence against the aged. Such legislation was introduced in the Ninety-Sixth Congress (H.R. 7551) by Reps. Mary Rose Oakar (D-Ohio) and Claude Pepper (D-Fla.) and every Congress since has sought to carry forth this recommendation. Although, to this day, the Elder Abuse Treatment and Prevention Act has enjoyed wide bipartisan support, it has not yet been enacted by the Congress.

What follows is an analysis of the evolution of State and Federal policy in the recognition and prevention of elder abuse since that issue first received national attention in the late 70s.

The States' Response to Elder Abuse (1978–1990)

The States have the primary responsibility for protecting the rights of all their citizens, young and old alike. A review of the literature reveals that all States have active programs underway to protect the rights of juveniles. It is interesting to note that the majority of States enacted effective child protective services laws and statutes following enactment of the Child Abuse Prevention and Treatment Act of 1974, which provided financial incentives to the States to enact such statutes designating a specific State agency as responsible for identifying, treating, and preventing child abuse—as well as a National Clearinghouse on Child Abuse to serve as a central collection agency on the incidence and research related to child abuse. From a further review of the literature, it is equally clear that the States, in the last decade, have come to recognize that abuse does occur at the other end of the age spectrum and have begun to act accordingly.

Encouraged by the introduction of H.R. 7551, the Elder Abuse Treatment and Prevention Act, in the Ninety-Sixth Congress, the States began modifying their elder abuse-related laws and procedures to gain compliance with the anticipated new law's mandate which included mandatory reporting provisions similar to State child abuse reporting provisions. By 1985, 38 States (inclusive of the District of Columbia) reported (see Table 18) that they had adopted mandatory reporting provisions as part of their adult protective service laws. By 1990, that number had grown to 43. Between 1980 and 1990 alone, over 27 States, including the District of Columbia, had enacted mandatory reporting requirements for elder abuse as required by H.R. 7551. Prior to 1980, only 16 States had adult protective service laws with such provisions.

Absent the passage of H.R. 7551 in the Ninety-Sixth Congress, or in each of the subsequent Congresses to date, most States have been hard pressed to actually carry out their new adult protective service mandates. Louisiana, as noted earlier in the report, has actually discontinued all adult protective services for their State. While the Subcommittee was shocked to learn that in 1989 the States were only able to spend about $45.03 for each child State resident, on the average, for child protective services, we were amazed to learn that they spend only $3.80 for each elderly resident, on the average, for adult protective services (see Table 3). In addition, we found that only about 3.9 percent of the average State's budget in 1989 went for protective services for the elderly (a drop of about 40 percent from the 1980 level of State funding for this purpose), even though about 70 percent of all reported adult abuse cases involve abused elders (see Table 7).

Since 1981, the primary source of Federal funding for State protective services, the Social Services Block Grant, has been cut nearly one-third by direct cuts and inflation. Faced with the clear need to do more, the States have been severely hampered in channeling monies into this newly designated social services area—elder abuse protective services—on their own authority.

The Federal Response to Elder Abuse (1978–1990)

State advocates of Federal involvement in the area of protective services for elders suggest that one way to encourage States to make the statutory and administrative changes would be to make Federal funding for elder abuse-related programs contingent on certain State level requirements. As mentioned previously, the Child Abuse Prevention and Treatment Act uses this approach in distributing funds to the States for child abuse-related programs, and almost every State has come into compliance with the requirements. The Prevention, Identification and Treatment of Elder Abuse Act (H.R. 7551), introduced by Reps. Mary Rose Oakar (D–Ohio) and Claude Pepper (D–Fla.) in the 96th Congress, used this method to encourage States to modify their elder abuse-related laws and procedures. Although this bill enjoyed wide bipartisan cosponsorship and was supported by virtually all the States, it died in the 96th Congress before passage.

In subsequent Congresses, Reps. Oakar and Pepper introduced the measure again. H.R. 769 was referred in the 97th Congress to the House Education and Labor and Energy and Commerce Committees. By the end of the Congress it enjoyed the support of 84 cosponsors but did not pass. Again in the 98th Congress, the measure was again introduced as H.R. 3833. It too was referred to the Committees on Education and Labor and Energy and Commerce, but failed to pass in the House. At the beginning of the 99th Congress, the 100th Congress, and the 101th Congress, H.R. 1674, H.R. 3899, and H.R. 220 were introduced respectively. All three failed to receive full consideration or House passage.

Aside from H.R. 1674, elder abuse prevention was the subject of legislation under two other bills enacted during the 98th Congress. The Child Abuse Amendments of 1984 (P.L. 98–457) contained authorization for support of demonstration grants to establish, main-

tain and expand programs to prevent incidents of family violence and to provide shelter and related assistance for victims and their dependents. Older persons who were victims of family violence were to be served under this program. In addition, the law required the Secretary of Health and Human Services to operate a National Clearinghouse on Family Violence Prevention. The Clearinghouse was charged with collecting and disseminating information on family violence, including elder abuse, and providing information about sources of assistance and shelter to victims. Regrettably, no appropriations were ever made available for these provisions of the Child Abuse Amendments.

The Older Americans Act Amendments of 1987 (P.L. 98-459) required Area Agencies on Aging to assess the need for elder abuse prevention services and the extent to which the need was being met within each planning and service area. In addition, the law added a new "State plan on aging" requirement to govern the conduct of elder abuse prevention activities when the State Agency on Aging opted to provide such services. Under this provision, the State plan would have to assure that any area agency carrying out elder abuse prevention activities would conduct its program consistent with State law and be coordinated with existing State adult protective services activities. The program was to provide public education to identify and prevent abuse; receive reports on incidence of abuse; provide outreach, conferences and referrals to other sources of assistance; and, refer complaints to law enforcement or public protective service agencies. The law further required the Commissioner on Aging to submit a report to Congress on the need for elder abuse prevention activities at a later date. This elder abuse amendment to the Older Americans Act incorporated many of the provisions sought in the Oakar/Pepper bill but excluded the requirement to provide treatment for the victims of elder abuse. While $5 million was authorized to be spent in 1988, 1989 and 1990 under the Act for this new elder abuse program, as of this writing no money has been appropriated for that purpose.

In spite of funding interruptions, the Administration on Aging, which oversees the administration of the Older Americans Act, has given research priority to the issue of elder abuse, awarding grants to academic and research organizations to conduct research on elder abuse and related topics. Research to date has validated Subcommittee and Committee findings that elder abuse is a growing problem, national in scope, and worthy of a national effort to assist elder victims.

Aside from the 1987 Congressional reform, in 1982, the President's Task Force on Victims of Crime held hearings on the special needs of elderly victims. The Task Force found that family violence is often much more complex in causes and solutions than crimes committed by unknown attackers. Because of this realization, the President's Task Force recommended that the Attorney General of the United States undertake a study to give the problem the specialized attention it required.

The Attorney General's Task Force on Family Violence was created and proceeded to conduct six regional hearings during which hundreds of professionals with expertise in the area testified, as did victims of elder abuse. The Task Force also reviewed relevant

research material and visited a number of treatment facility programs.

The final report was submitted to the Attorney General in September 1984. A number of recommendations specifically addressed violence directed toward elderly family members. Additionally, the report included recommendations urging further research to determine the most effective reporting methods and intervention techniques in cases of elder abuse. These recommendations were significant because the Task Force found a definite lack of data regarding elder abuse, uncertainty and inconsistency in reporting requirements, and an apparent lack of intervention or treatment programs. Given the significance of the recommendations of this Task Force, it is unfortunate that no action was taken to implement the recommendations.

With regard to Federal funding for all protective services, the Federal Government's response has been woefully inadequate. As mentioned earlier, since 1981, the primary source of Federal funding for protective services, the Social Services Block Grant, has been cut in real terms nearly one third by direct costs and inflation. Faced with the clear need to do more, the Federal Government is doing considerably less.

It is apparent that a coordinated attack on several fronts is necessary if there is to be any hope of limiting the number of elder abuse cases in the future. Obviously, the problem is so widespread and runs so deep it may never fully be eliminated. However, because little is being done at the present time at either the State or the Federal level, even some modest reforms can have significant and far-reaching returns.

Testimony before our Committee by elder abuse experts, congressional leaders, and State officials reveals almost universal agreement that the enactment of legislation for seniors analogous to the 1974 Child Abuse Prevention and Treatment Act is ultimately the most appropriate and necessary legislative solution to begin to address the problem of elder abuse.

The Older Americans Act will be the subject of reauthorization hearings during the second session of this Congress. Efforts may be made to shore up the elder abuse mandate incorporated in the previous reauthorization of the Act as well as to provide for its appropriation this Congress.

The Congress should act to help the States and stimulate them to improve their statutes and the protections they offer the infirm and dependent elderly. The alternative is that the number of gross abuses periodically heralded by the media and consumer advocates will not abate. The decision to take action may have a lot to say about how future generations will judge the greatness, the spirit and the values of American civilization.

Elderly Ohio woman found with neck area encrusted with dirt. She had obviously not been attended to in months by her caregivers.

SECTION V

POLICY RECOMMENDATIONS

It is apparent that a coordinated attack on several fronts is necessary if there is to be any real hope of limiting the number of older Americans who suffer from abuse, exploitation and neglect, and providing elder abuse victims needed assistance and protection. Obviously the problem is so widespread and runs so deep it can never be completely eliminated. However, because far too little continues to be done at either the State or Federal level, even some modest reforms and funding improvements can have significant and far-reaching results.

Regrettably, due to the lack of Federal progress made, the basic recommendation of this report remains essentially unchanged from that made in the Aging Committee's landmark 1981 report on elder abuse: that there needs to be a coordinated national effort to confront the issue of elder abuse and that the Federal Government should better assist the States in their efforts to deal with this pervasive problem. This need not involve a tremendous new infusion of Federal monies. For example, the Child Abuse program, after which Federal elder abuse proposals have been largely patterned, has had a significant impact in encouraging and assisting the States in dealing with child abuse. This program started in 1974 with a modest appropriation of $4.5 million annually, and has grown because of its success to approximately $30 million this year.

Several Federal programs to combat elder abuse and provide adult protective services have gone unfunded or significantly underfunded. The Older Americans Act Amendments of 1987 established a national program for the identification and prevention of elder abuse, neglect and exploitation. A meager $5 million was authorized in that year to carry out the program. However, to this date, no funds have been appropriated and therefore, no national program has been established. The Older Americans Act Amendments of 1987 also significantly increased the responsibilities and powers of the State long-term care ombudsman programs—programs designed to assist residents of nursing homes and board and care homes, including the resolution of complaints of abuse, neglect and exploitation. The Congress felt that $20 million annually was needed to properly fund these services. However, less than $1 million has been actually appropriated for the ombudsman program each of the past 3 years. In addition, the major source of Federal funds for the provision of elderly and adult protective services, the Social Services Block Grant, has not only been cut in real terms by over one-third since 1981, but by design does not adequately earmark funds specifically to be spent on these services. This block grant approach clearly has not adequately served as a primary

funding source for addressing the problem of elder abuse. Therefore:

- **The Congress may wish to consider appropriating the fully authorized levels of funding for the elder abuse, neglect, and exploitation and long-term care ombudsman programs in the Older Americans Act. The funding level would be $10 million for the elder abuse program and $20 million for the long-term care ombudsman program.**
- **The Congress may wish to consider enacting and funding legislation, such as H.R. 220, providing for a national elder abuse program which would include direct grants to the States solely for the purpose of providing services for the prevention, identification and treatment of elder abuse, neglect, and exploitation. This program must promote comprehensive State and local efforts to confront elder abuse.**

Experts and State officials almost universally agree that the provision of more social services to families who are caring for an older person is essential. They contend that more home health services, personal care services, homemaker services, home delivered meals, adult day care, and respite care (shorter term total care that provides a rest for family caregivers) would help lessen the family stress that can result from constantly responding to the needs of a dependent family member. To accomplish this, therefore:

- **The Congress should adopt legislation, such as H.R. 2263, "The Long-Term Home Care Act," to provide long-term care services in the home to chronically ill elderly, disabled and children. Services included in this program should include home health services, personal care services, rehabilitative services, respite care, adult day care and patient and family education and training. Special emphasis should be placed on providing services which reduce family stress.**

The Congress should also consider taking the following additional steps to address the problem of elder abuse:

- **The Congress may wish to consider legislation which would provide grants to State and local government to establish and operate temporary emergency shelters for abused elderly and adults. This would allow for the safe transfer of elderly and other adults who face immediate danger if they were to remain in their home are endangered by an abuse or neglect situation in their home. Shelters such as these have proven extremely helpful in spousal abuse situations and have seen great success in their limited application to elder abuse victims.**
- **The Congress may also wish to assist the States by passing legislation assisting the Medicaid Fraud Control Units in the investigation and prosecution of all resident abuse and neglect complaints involving violations of State criminal laws for residents of nursing homes and board and care homes.**
- **The Legal Services Corporation Act could be amended to permit legal assistance to be provided to elders who have be abused, neglected or exploited in any living situation. At**

the present time, legal services provided by the corporation are limited to civil matters.

In the area of State law, there are still eight States which have not enacted legislation to mandate the reporting of elder abuse, neglect and exploitation cases. In addition, enforcement of reporting requirements in those States which do have mandatory reporting laws is not uniform and reporting is often spotty.

Finally, prosecution of individuals who abuse the elderly is often difficult because of poorly constructed State statutes and inadequate staffing and funding. Therefore:

- **States which do not have laws mandating the reporting of suspected cases of elder abuse should be urged to take prompt action to enact and enforce such legislation.**
- **States which have enacted mandatory reporting legislation should immediately take steps to better enforce the law. In addition, resources should be allocated for public and professional education about elder abuse and mandatory reporting requirements.**
- **The States should adopt legislation, such as that outlined in the 1988 report, "Guidelines and Commentary For Legislation To Prohibit Patient and Resident Abuse," by the National Association of Medicaid Fraud Control Units. Such legislation would enhance the States' ability to successfully prosecute those who commit elder abuse.**

Many advocate that families receive counseling before the decision is made to take an elderly relative into their home. Some families may not realize the extent of the demands that will be placed on them when they assume the care of a dependent, sometimes impaired, older person. A prime example is Alzheimer's disease, a degenerative brain disorder which afflicts up to 4 million Americans. Victims of Alzheimer's disease typically deteriorate steadily mentally and functionally over a period of 2 to 10 years. Caretakers may need to be educated as to the physical, social, emotional, and medical needs of older people and what community services might assist them. It may also be necessary to teach all family members how to interact and solve disputes in nonviolent ways. Therefore:

- **Families who have assumed or are considering assuming the responsibility of caring for a dependent older family member may wish to consult their local area agency on aging or local support groups to determine what services may be available to assist them in this effort, and thus reduce many of the stresses associated with caring for an older person or older persons.**

SECTION VI

CONCLUSION

As this report reveals, elder abuse is a shocking national problem of increasing proportions; the Subcommittee on Health and Long-Term Care estimates that some 1.5 million Americans are victims of this type of abuse each year, up from 1.1 million in 1985. Yet elder abuse has been virtually ignored by the Federal government, even in the face of mounting evidence of its scope and severity. Without meaningful Federal support to prevent, detect and treat it, elder abuse, first examined by the House Aging Committee over a decade ago, remains a national disgrace.

Since the House Aging Committee began its exploration of elder abuse, State governments have stepped up their efforts to address the problem of elder abuse, at least on paper. Too often, funding has not followed. While the States indicated to the Subcommittee significant growth in overall protective service budgets during the 1980's, the share of protective services funds earmarked for elder abuse services dropped dramatically. Equally disturbing is the fact that, in 1989, the States estimated that roughly 1 in 8 cases of elder abuse was reported, a significant jump from the Subcommittee's 1985 estimate that 1 in 5 cases was reported. Elder abuse, then, is becoming even more of a hidden problem than in past years.

The lack of meaningful State or Federal programs and funding, coupled with the rapid growth of America's elderly population, is a prescription for even greater disaster than now exists. Elder abuse will not simply go away. Swift and determined action must be taken to deal with this shameful situation.

APPENDIX

APPENDIX I

ELDER ABUSE SURVEY
U.S. House Committee on Aging
Subcommittee on Health and Long-Term Care

Questions

Please answer each of the following questions from information in your records. If you have any questions regarding the survey, please contact the Subcommittee staff at (202)226-3381. Thank you.

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1. Does your Department have an office which is responsible for providing adult protective services and assisting abused adults? Yes ___ No ___ If yes, what is the name and address of that office? _____

2. What was the total budget for all protective services in your state for fiscal year 1989? _____ 1988? _____

3. What was the budget for adult protective services for fiscal year 1989? _____ 1988? _____ Of these amounts, how much came from Federal Title XX Social Services Block Grant funds in 1989? _____ in 1988? _____

4. Approximately what percentage of the budget for adult protective services went toward providing protective services to the elderly in fiscal year 1989? _____ 1988? _____

5. Approximately what was the budget for child protective services provided by the Department in fiscal year 1989? _____ 1988? _____

6. How many adult protective service employees (in full-time equivalents) are employed by the Department? _____ How many are clerical? _____ Professional? _____

7. Is there any legislation currently pending in your State which would impact the provision of adult protective services? Yes ___ No ___ If yes, would you please send us a copy?

8. How many cases of adult abuse came to the Department's attention in 1988? _____ 1987? _____

9. What percentage of these cases were:

	1988	1987
Substantiated?	___%	___%
Unsubstantiated?	___%	___%

10. Approximately what percentage of adult abuse cases which came to your attention involved persons over the age of 65? In 1988? _____% In 1987? _____%

11. A recent extensive investigation by our Subcommittee revealed a large and growing number of licensed and unlicensed "board and care" homes (homes which provide shelter and non-medical assistance to two or more unrelated adults). Does your adult protective services unit ever receive cases of adult abuse emanating from this type of home? Yes _____ No _____
If yes, approximately what percentage of the adult abuse cases which came to your attention involved residents of "board and care" homes? In 1988? ____ 1987? ____

12. How many cases of child abuse came to the Department's attention in 1988? _____ 1987? _____

13. Experts have indicated that many elderly are abused by their children, relatives or caretakers in obvious as well as in subtle ways. Have you ever received complaints of any of the following types of abuse in the specified locations:

A. Physical Abuse and Neglect - This includes deliberate acts leading to injury of the older person, such as beating, withholding medication, food and personal care necessary for their well-being.

In the victim's or caregiver's home?	Yes _____	No _____
In a nursing home?	Yes _____	No _____
In a "board and care" home?	Yes _____	No _____

B. Psychological Abuse - This includes verbal assaults and threats, provoking fear and isolation.

In the victim's or caregiver's home?	Yes _____	No _____
In a nursing home?	Yes _____	No _____
In a "board and care" home?	Yes _____	No _____

C. Sexual Abuse -

In the victim's or caregiver's home?	Yes _____	No _____
In a nursing home?	Yes _____	No _____
In a "board and care" home?	Yes _____	No _____

. Financial Abuse - Includes the theft of money or personal property.

In the victim's or caregiver's home?	Yes _____	No _____
In a nursing home?	Yes _____	No _____
In a "board and care" home?	Yes _____	No _____

E. Guardianship Abuse - Includes abuse or neglect committed by a guardian/conservator/representative payee, establishment of an unnecessary guardianship.

In the victim's or caregiver's home?	Yes _____	No _____
In a nursing home?	Yes _____	No _____
In a "board and care" home?	Yes _____	No _____

F. Violation of Rights - This includes being forced out of one's dwelling or being forced into another setting against the older person's will?

In the victim's or caregiver's home?	Yes _____	No _____
In a nursing home?	Yes _____	No _____
In a "board and care" home?	Yes _____	No _____

G. Other - (Please Explain)_____

14. Past national surveys by the Subcommittee have indicated that as few as one in five cases of elder abuse is ever reported to authorities. Is it your opinion that a significant number of elder abuse cases goes unreported? Yes _____ No _____ If yes, what is your estimate as to the ratio of cases reported to those actually perpetrated? In 1988? _____ In 1987? _____

15. Would you say that the incidence of elder abuse is increasing? Yes, rapidly _____ Yes, somewhat _____ No _____

16. Would you say that the incidence of elder abuse in "board and care" homes is increasing? Yes, rapidly _____ Yes, somewhat _____ No _____

17. Would you say that the incidence of guardianship abuse in increasing? Yes, rapidly _____ Yes, somewhat _____ No _____

18. What is your estimate of the percentage of elder abuse that is perpetrated by caretakers who are unrelated to the victim? _____%

In cases where caretakers unrelated to the victim commit such abuse, what percentage would you estimate are perpetrated by each of the following:

Unrelated guardian/conservator _____%
Live-in caretaker _____%
Other (Please specify) _____%

19.* Individual case examples of elder abuse are absolutely crucial to our efforts to bring further attention and financial resources to this problem. Will you please provide the Committee with 3 or more case histories or case summaries of elder abuse which have come to your Department's attention? Please feel free to delete names of individuals if you so desire.

20. Would you be willing to present testimony before the House Select Committee on Aging if hearings are scheduled on the issue of elder abuse? Yes _____ No _____

21. Would you favor Federal legislation to:	YES	NO
A. Create a national elder abuse information clearinghouse and toll-free hotline?	_____	_____
B. Provide grants to the States to establish abuse prevention and treatment programs?	_____	_____
C. Provide grants to the States to establish temporary emergency shelters for victims?	_____	_____

		YES	NO
D.	Establish a Medicare home and community-based care benefit, including respite services for informal caregivers?	_____	_____
E.	Establish a national program, patterned after the Federal child abuse prevention and treatment program, to deal with the problem of elder abuse?	_____	_____

22. What would be the most effective thing that could be done to improve the fight against elder abuse?

_____

_____

_____

_____

# # # #

Thank you very much for your generous cooperation and assistance. Please return the completed questionnaire along with additional information and case histories by September 22, 1989. Our address is:

Subcommittee on Health and Long-Term Care
U.S. House Select Committee on Aging
377 House Annex 2
Washington, D.C. 20515

Attention: Elder Abuse Survey

APPENDIX II

ELDER ABUSE QUESTIONNAIRE
FOR DISTRIBUTION AT
ANNUAL MEETING OF THE
NATIONAL ASSOCIATION OF
SOCIAL WORKERS
OCTOBER 13, 1989
SAN FRANCISCO, CALIFORNIA

The Subcommittee on Health and Long-Term Care of the U.S. House Select Committee on Aging is soliciting your views and experiences with regard to elder abuse and neglect in the home and in institutions.

1989 marks the tenth anniversary of the first Congressional hearing on elder abuse, held by the Aging Committee in 1979. Through an in-depth investigation which is now underway, the Subcommittee on Health and Long-Term Care is attempting to measure the incidence of elder abuse a decade later, and to develop strategies for addressing this rampant problem. Your observations will help us achieve both these goals.

Please take a moment to fill out this form completely and drop in the specially designated box. If you need more time, please mail this form by October 18, 1989 to:

NASW Elder Abuse Questionnaire
Subcommittee on Health and
Long-Term Care
House Annex 2, Room 377
U.S. House of Representatives
Washington, DC 20515-6363

Thank you very much for your cooperation.

# # # # #

1. What is the name and address of your office?

2. What position do you hold there?

3. Do you have cause to observe firsthand or receive reports of incidents of elder abuse in the home and/or in institutions on a regular basis? Yes___ No___ If yes, please respond to questions 4 and 5. If no, please proceed to question 6.

4. Experts have indicated that many elderly are abused by their children, relatives or caretakers in obvious as well as in subtle ways. Have you ever observed incidents of or received reports of any of the following types of abuse in the specified locations?

   A. Physical Abuse and Neglect - This includes deliberate acts leading to injury of the older person, such as beating, withholding medication, food and personal care necessary for his or her well-being.
   In the victim's or caregiver's home? Yes___ No___
   In a nursing home? Yes___ No___
   In a "board and care" home? Yes___ No___

   B. Psychological Abuse - This includes verbal assaults and threats, provoking fear and isolation.
   In the victim's or caregiver's home? Yes___ No___
   In a nursing home? Yes___ No___
   In a "board and care" home? Yes___ No___

   C. Sexual Abuse -
   In the victim's or caregiver's home? Yes___ No___
   In a nursing home? Yes___ No___
   In a "board and care" home? Yes___ No___

   D. Financial Abuse - Includes the theft of money or personal property.
   In the victim's or caregiver's home? Yes___ No___
   In a nursing home? Yes___ No___
   In a "board and care" home? Yes___ No___

   E. Guardianship Abuse - Includes abuse or neglect committed by a guardian/conservator/representative payee, establishment of an unnecessary guardianship.
   In the victim's or caregiver's home? Yes___ No___
   In a nursing home? Yes___ No___
   In a "board and care" home? Yes___ No___

   F. Violation of Rights - Includes being forced out of one's dwelling or being forced into another setting against the older person's will.
   In the victim's or caregiver's home? Yes___ No___
   In a nursing home? Yes___ No___
   In a "board and care" home? Yes___ No___

   G. Other - (Please explain) _____

5. Would you say that the incidence of elder abuse in all settings is increasing?
   Yes, rapidly___ Yes, somewhat___ No___

6. Would you favor Federal legislation to:	YES	NO
A. Create a national elder abuse information clearinghouse and toll-free hotline?	___	___
B. Provide grants to the States to establish abuse prevention and treatment programs?	___	___
C. Provide grants to the States to establish temporary emergency shelters for victims?	___	___
D. Establish a Medicare home- and community-based care benefit, including respite services for informal caregivers?	___	___
E. Establish a national program, patterned after the Federal child abuse prevention and treatment program, to deal with the problem of elder abuse?	___	___

7. In your opinion, what would be the most effective thing that could be done to improve the fight against elder abuse?

_____

_____

_____

_____

8. Individual case examples of elder abuse are absolutely crucial to our efforts to bring further attention and financial resources to the problem of elder abuse. Would you assist the Committee by providing case histories or case summaries of elder abuse which have come to your attention? (Please feel free to delete the names of individuals if you desire.) Do you have clients who might be willing to relate their experiences with elder abuse at Congressional hearings? Please notify us of that fact on this or an attached sheet.

# # # # #

Thank you very much for your generous cooperation and assistance. Please return the completed questionnaire along with case histories either today, October 13, 1989 in the specially designated box, or mail it by October 18, 1989 to:

NASW Elder Abuse Questionnaire
Subcommittee on Health and
Long-Term Care
House Annex 2, Room 377
U.S. House of Representatives
Washington, DC 20515-6363

APPENDIX III

DIRECTORY OF STATE OFFICES RESPONSIBLE FOR ADULT PROTECTIVE SERVICES AND ELDER ABUSE

Alabama

Department of Human Resources, Adult Services Division, 67 North Union Street, Montgomery, Alabama 36130

Alaska

Department of Health and Social Services, Division of Family and Youth Services, P.O. Box H-05, Juneau, Alaska 99811

Arizona

Aging and Adult Administration, P.O. Box 6123, Site Code: 950A, Phoenix, Arizona 85005

Arkansas

Adult Protective Services, 1417 Donaghey Plaza, South 7th and Main, P.O. Box 1437, Little Rock, Arkansas, 72203-1437

California

State Department of Social Services, Adult Services Bureau, 744 P Street, M.S. 6-536, Sacramento, CA 95814

Colorado

Aging and Adult Services, Department of Social Services, 1575 Sherman St, 4th Floor, Denver, Colorado 80203-1714

Connecticut

Office of State Ombudsman, Department on Aging, 175 Main Street, Hartford, Connecticut 06106

Delaware

Adult Protective Services Unit, Division on Aging, Dept. of Health and Social Services, 1901 N. DuPont Highway, New Castle, Delaware 19720

District of Columbia

Adult Protective Services, Commission on Social Services, D.C. Dept. of Human Resources, Randall Building, First and Eye Streets, S.W., Washington, D.C. 20024

Florida

Department of Health and Rehabilitative Services, Aging and Adult Services, 1317 Winewood Blvd., Building 2, Room 328, Tallahassee, Florida 32399-0700

Georgia

Adult Services, Division of Family and Children Services, 878 Peachtree Street, N.E., Suite 503, Atlanta, Georgia 30309

Hawaii

Department of Human Resources, Adult Services, P.O. Box 339, Honolulu, Hawaii 96809

Idaho

Department of Health and Welfare, Division of Family and Children's Services, 450 West State Street, Boise, Idaho 83720

Illinois

Department on Aging, 421 East Capitol Avenue, Springfield, IL 62701

Indiana

Adult Protective Services, Department of Human Resources, Indianapolis, Indiana, Toll Free Phone (800)992-6978

Iowa

Iowa Department of Human Services, Bureau of Adult, Children and Family Services, Hoover State Office Building, Des Moines, Iowa 50319-0114

Kansas

Department of Social and Rehab. Services, Adult Services Commission, 300 S.W. Oakley, Topeka, Kansas 66606

Kentucky

Department of Social Services, Adult Services Branch, CHR Building, 275 East Main Street, 4th Floor-West, Frankfort, Kentucky 40621

Louisana

There is no State office. Please contact your local Area Agency on Aging.

Maine

Department of Human Services, Bureau of Elder and Adult Services, State House Station 11, Augusta, Maine 04333

Maryland

Office of Adult Services, Adult Protective Services Program, 311 W. Saratoga Street, Baltimore, Maryland 21201

Massachusetts

Executive Office of Elder Affairs, Protective Services Unit, 38 Chauncy Street, Boston, Massachusetts 02111

Michigan

Adult Services Administration, Suite 710, 300 S. Capitol Avenue, P.O. Box 30037, Lansing, Michigan 48909

Minnesota

Department of Human Services, 444 Lafayette Road, St. Paul, Minnesota 55155-3815

Mississippi

Department of Human Services, Office of Social Services, P.O. Box 352, Jackson, Mississippi, 39205

Missouri

Department of Social Services, Division on Aging, P.O. Box 1337, Jefferson City, Missouri 65102

Montana

Montana Department of Family Services, P.O. Box 8005, Helena, Montana 59604

Nebraska

Adult Protective Services, Department of Social Services, 301 Centennial Mall South, P.O. Box 95026, Lincoln, Nebraska 68509

Nevada

Division of Aging Services, Department of Human Resources, 2527 North Carson Street, Carson City, Nevada 89710

New Hampshire

Division of Elderly and Adult Services, Department of Health and Human Services, 6 Hazen Drive, Concord, New Hampshire 03301-6508

New Jersey

Bureau of Adult Services, Department of Human Services, 1 South Montgomery Street, CN 717, Trenton, New Jersey 08625

New Mexico

Adult Bureau, Social Services Division, Human Services Department, P.O. Box 2348, Santa Fe, New Mexico 87504-2348

New York

Division of Adult Services, Department of Social Services, 40 North Pearl Street, Albany, New York 12243-0001

North Carolina

Department of Human Resources, Division of Social Services, 325 N. Salisbury Street, Raleigh, North Carolina 27611

North Dakota

Department of Human Services, Aging Services Division, State Capitol, 600 East Boulevard Ave., Bismarck, ND 58505

Ohio

Division of Adult and Child Care Services, Department of Human Resources, 30 East Broad Street, Columbus, OH 43266-0423

Oklahoma

Adult Protective Services, Department of Human Services, 312 N.E. 28th Street, Oklahoma City, OK 73105

Oregon

Abuse and Protective Services, Senior Services Division, 313 Public Service Building, Salem, OR 97310

Pennsylvania

Department on Aging, 231 State Street, Harrisburg, PA 17101-1195

Puerto Rico

Adult Services Program, Department of Social Services, G.P.O. Box 11398, San Juan, Puerto Rico 00910

Rhode Island

Department of Elderly Affairs, 160 Pine Street, Providence, RI 02903

South Carolina

Adult Services Division, Department of Social Services, P.O. Box 1520, Columbia, SC 29202-1520

South Dakota

Office of Adult Services and Aging, Department of Social Services, 700 Governors Drive, Pierre, SD 57501

Tennessee

Department of Human Services, Adult Protective Services, 400 Deaderick Street, 14th Floor, Nashville, TN 37248-9700

Texas

Adult Protective Services Division, Department of Human Services, P.O. Box 149030, M.C. 330-W, Austin, TX 9030

Utah

Division of Aging and Adult Services, 120 North 200 West, Salt Lake City, UT 84103

Vermont

Adult Protective Services, Department of Rehabilitation and Aging, 103 South Main Street, Waterbury, VT 05676

Virginia

Department of Social Services, 8007 Discovery Lane, Richmond, VA 23229-8699

Washington

Aging and Adult Services, Department of Social and Health Services, 623 8th, S.E., MB-11, Olympia, WA 98504-0095

West Virginia

Adult Services Unit, Social Services Bureau, Capitol Complex, Building 6, Room B-850, Charleston, WV 25305

Wisconsin

Bureau of Long-Term Support, Division of Community Services, 1 West Wilson Street, Madison, WI 53707

Wyoming

Division of Public Assistance and Social Services, Hathaway Building, Cheyenne, WY 82002

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